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This study is a content analysis of print materials about fatness classed in Medicine according to the Library of Congress Subject Headings and Classification. Research about the marginalizing power of information systems has centered around gender identity, sexuality, race, non-dominant cultures, and disability, while fat bodies have been largely overlooked. Previous literature on information organization principles, critical cataloging, and fat stigma are reviewed. A qualitative content analysis of fatness in print materials across four class numbers shelved in Davis Library at the University of North Carolina follows. Titles, tables of contents, introductory material, and cover images and summaries will be coded for problem and blame frames, attitude, and class. This study brings awareness to the stigmatization of fat bodies by information organization standards and shows the need for new subject headings and class numbers for fat materials.

Headings:

Cataloging

Library of Congress classification

Library of Congress subject headings

FAT BODIES MADE SMALL: A CONTENT ANALYSIS OF FAT LITERATURE
CLASSED IN MEDICINE

by
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Introduction

Society has played a significant role in shaping the ideal body type and shames anyone who does not fit this ideal. Women have often been made to feel like they should not take up space, and fat women even more so. Historically, public and private spaces have been gendered in that women were not welcome in those spaces that patriarchal systems considered the masculine sphere; women were (and still are) made to feel small or invisible in these spaces (Blunt & Rose, 1994). In his *Gender Advertisements* (1976), Erving Goffman discusses the concept of relative size in relation to social hierarchies. In his analysis of gender representation in advertisements, he claims that advertisements emphasize women's size, in both height and girth, as smaller in order to convey lower social status or power (Goffman, 1976). Society defines the acceptable woman as one that is unobtrusive and submissive to masculine presence (in both status and size).

While these conceptions of womanhood have marginalized women as a whole, fat women experience a greater degree of stigma simply for our body size. According to Goffman's observation and feminism's inquiry into spatial power structures, a fat woman taking up physical space is an affront to public decency. "Fatness is seen as a detraction from their physical appearance, the main avenue through which women are expected to perform and demonstrate their femininity" (Versluis et al., 2020, p. 55). Patriarchal society expects women to perform their feminine role as objects that appeal to and are appreciated by the male gaze. Popular culture such as Hollywood films, magazines, and

other visual media portray the attractive woman as one who fits these small, unobtrusive ideals. How, then, can I, as a fat woman, *not* feel the weight of this stigma in my everyday life?

Library and Information Science (LIS) is no exception. Fat female librarians, in particular, experience stigmatization for their fatness. “Librarians have been historically associated with quietness, organization, and containment: all elements which a fat body supposedly contradicts. A fat body is loud and uncontained: it *exudes* presence” (Versluis et al., 2020, p. 70). Yet physical being is not the only way in which fat women are stigmatized in librarianship. Information organization structures classify people and things according to widely agreed upon rules and hierarchies. LIS professionals have spearheaded social justice work through the critical cataloging movement, tackling issues of gender identity, sexuality, and race; however, fat people as a minority group have yet to receive much support in the same way.

This study addresses a gap in LIS literature by investigating the marginalizing effects of information organization systems on fat people—particularly Library of Congress Subject Headings (LCSH) and Classification (LCC). I will explore conceptions of fatness according to medical, fat-neutral, and fat-positive texts in LCC medical classes. The ways these materials frame and describe fatness will be analyzed in relation to each other, through the thematic coding of and quantitative word counts within titles, chapter titles, introductory material, cover images, and summaries, where applicable. This research seeks to bring awareness to the issue of fat stigmatization within library cataloging and to spur change through the critical cataloging movement.

Literature Review

Principles and Systems of Cataloging

In order to understand the marginalizing power of information organization, one must first understand the fundamental cataloging principles that relate to the institutional framing of people and social identity—namely, subject analysis, controlled vocabularies, and classification. *Bibliographic control* is the overall process of pulling resources together into collections, describing them, and providing author, title, and subject access, so that they may be located and retrieved (Joudrey & Taylor, 2017). Although collection development and acquisitions begin this process (by necessity of having materials to describe at all), metadata creation and cataloging prove integral to retrieval. Without descriptive cataloging—the recording of important attributes such as titles and any individuals responsible for its creation—patrons would not even know what the collection includes (Chan & Salaba, 2016). Indeed, cataloging practices are user-centered by nature, the express goal of the catalog being to help the user find, identify, select, and obtain (FISO) appropriate resources (Tillet, 2004).

Subject cataloging plays an important role in FISO. Without it, resources about the same topics could not easily be collocated for research purposes. Subject cataloging involves determining the “aboutness” and form of a resource through subject analysis and then translating that subject matter into controlled vocabulary terms. The cataloger

analyzes various aspects of the resource—such as title page, table of contents, introductory material, summary, and illustrations—to determine its genre or form and subject matter (Joudrey & Taylor, 2017). The controlled vocabulary terms (e.g. LCSH) ensure consistency so that resources can be collocated in the catalog. The authorized terms bring together all resources about a given topic regardless of the terminology used by the resource, a principle referred to as *uniform headings*. Synonyms or variant forms of the topic reference the authorized heading so that users can access the resources, notwithstanding their search terms. LCSH employs a syndetic structure, meaning cross-references to broader, narrower, and related terms connect headings to each other. In general, preferred terms for the authorized heading are those in general use and of familiarity to the users (as opposed to jargon), and LC professes to make an effort to use neutral and inclusive vocabulary (Chan & Salaba, 2016; Joudrey & Taylor, 2017; Robare et al., 2007). The LIS literature, however, critiques this claim of neutrality and inclusion, and this study seeks to contribute to this conversation.

Literary warrant serves as the key governing principle for controlled vocabularies. New terms can be added to the list when the literature justifies its addition. In other words, if a new concept becomes prominent in contemporary literature, then new terminology may be established for it in the controlled vocabulary (Joudrey & Taylor, 2017).

Controlled vocabularies combined with classification allow libraries to collocate and locate materials together within the catalog and on the shelves. Most generally defined, classification structures ideas and objects according to a system of categories that create hierarchical relationships between them (Joudrey & Taylor, 2017). LCC is

integrated with LCSH in a way that most subject headings have correlations to a particular class number, a function which catalogers may use to assign class numbers that correspond to the heading they deemed the primary topic of the resource. In the following discussion, I outline the issues inherent to these principles and systems.

Illusions of Objectivity and Neutrality: Cataloging as Power

The principal goal of cataloging is to exert control over resources through standardized description and categorization for the express purpose of ensuring resource accessibility and retrievability. Cataloging is presented as an objective, neutral, and systematic process. However, this study asserts that information organization cannot be neutral. The definition of neutrality itself is highly contested; while some define it as including all points of view regardless of popularity or marginality, others define it as being apolitical, or refraining from taking sides. Many also challenge the notion that neutrality can address bias in organization systems and that "dismantling bias within existing systems is not neutral but is ethically important" (Martin, 2021, p. 289). In other words, in order to tackle issues of (mis)representation, one *must* "take sides" and work towards social justice for underrepresented and marginalized groups. This section will outline the ways bias can and does enter the process, as well as how these systems are neither objective nor neutral and thus cannot address these issues.

Subject(ive) Analysis

As inherently subjective work, cataloging involves individual people making decisions about what information to include about a resource, how to describe it, and how to categorize it according to information organization standards. Practitioners often

assume that this work is “common sense”; however, education, experience, institutional requirements (and values), user needs, and cataloging rules all impact decisions catalogers make. Rules such as Resource Description and Access (RDA) may be mostly prescriptive, but their lack of plain language and straightforwardness leaves room for interpretation (Diao, 2018). As an interpretive practice, catalogers can describe a resource differently depending on how they make sense of rules and the resource itself:

> Ordered library databases are surely products of interpretation; MARC [Machine-Readable Cataloging] records taken as a whole function like a narrative. Database records require librarians to first decide what information counts as important and then arrange this data into patterns of significance. Library catalogs tell different stories depending on their audience. (Santamauro & Adams, 2006, p. 14)

By deciding on importance and creating “patterns of significance,” catalogers carry considerable power to frame materials in particular ways. Essentially, they decide the story that the catalog tells its audience.

Much of the literature describes cataloger’s judgment in relation to the various rule sets for description; the rules do not answer every question that may come up for how to transcribe the resource’s information. Nevertheless, these rules are not the only way in which catalogers make interpretations. “A key aspect of cataloger's judgment is deciding where to conceptually place a resource (or group of resources) within the library's existing collection” (Santamauro & Adams, 2006, p. 13). Determining a multifaceted resource’s aboutness can result in different decisions among individual catalogers for how to represent complex relationships between subtopics via subject headings. While objectivity is sought after in describing materials, a constructivist view of this work understands analysis as a highly individual process impacted by background, culture, knowledge, and skill (Joudrey & Taylor, 2017). Thus, individual catalogers make

interpretations during subject analysis in order to decide which subject headings to apply, and these subject headings determine how the material is classified.

Through cooperative cataloging, records can be shared among libraries so that catalogers only have to make slight adjustments—known as copy cataloging (Joudrey & Taylor, 2017). This may seem to mitigate potential bias (and errors) stemming from cataloger's judgment; however, the reproduction and consequent reinforcement of the original cataloger's bias, as well as any adjustments possibly introducing the current cataloger's bias, remain potential issues.

Authority (and) Control

Nevertheless, one could argue that even if the description and organization process *is* subjective, cataloging standards limit the impact of this subjectivity because they are designed to be objective. However, I maintain that "objectivity is an invalid concept—what is considered objectivity is rather the subjectivity of the dominant group in power" (Angell & Price, 2012, p. 161). Description and organization systems such as LCSH and LCC define marginalized groups based on hegemonic discourses and unequal distributions of power via hierarchies, and this presents a major challenge to ethical description and organization.

The Library of Congress itself serves as a cultural authority, one with political roots and far-reaching influence. Adler (2017) argues that, with its primary purpose to serve the U.S. Congress, the Library receives support and funding from the state, and "arguably, it is the state that gives the Library of Congress and its standards the legitimacy and authority by which it has extended itself to this vast network of libraries and other information agencies around the world" (p. 101). As a state institution, LC

framed its classification system according to U.S. history, and because of this LCC reflects the early twentieth-century American worldview: white, male, Christian, and Eurocentric (Higgins, 2012). LC's Linked Data service expands the adoption of its standards, allowing for consistency and uniformity across a broad range of libraries and further solidifying it as a cultural authority. Yet, as Adler (2017) aptly notes, "aspirations to uniformity…have been an instrument of imperialism and domination, within and outside of the United States" (p. 103). I argue that the authority of LC contributes to the enforcement of the social norms and values embedded within its standards.

To assign a subject heading is *to name* a resource's topic according to an *authoritative vocabulary*; it is an act of labeling and defining a resource according to a particular viewpoint.

> All naming is of necessity biased, and the process of naming is one of encoding that bias, of making a selection of what to emphasize and what to overlook on the basis of a strict use of already patterned materials. (Olson, 2002, p. 4)

A catalog record may not represent some aspects of a resource by necessity of "making a [limited] selection" of headings and choosing a single place to shelve it within the classification hierarchy. The Library of Congress has determined which terms serve as the authorized terms within LCSH and how topics will be structured within LCC, "encoding" a particular worldview into these "objective" standards. Controlled vocabularies "function like pathways to meaning," bringing multiple concepts under a single umbrella term (Santamauro & Adams, 2006, p. 12). The terminology chosen to represent a topic emphasizes certain aspects of the topic while erasing others; in other words, subject headings decisively frame the topics in a certain way. For example, "obesity" and "overweight" (being the only terminology used to describe fatness in

LCSH) prioritize a medical conception of fatness to the exclusion of other ways of framing it—perhaps simply as "fatness," a non-medical term simply meaning a "form of human diversity" (Saguy 2013, p. 5). LCSH does not have a non-medical term to refer to the state of being fat, which mirrors society's widespread adoption of the medical concept as fact, discussed further in following sections.

Furthermore, Olson (2002) and Adler (2017) discuss how the syndetic structure of LCSH creates relationships that can serve to marginalize those topics. Adler provides the example of *Paraphilias* linking to *Sex crimes* and *Fetishism* (among many more terms), even though these concepts may not necessarily relate to one another. These links create associations between them, effectively medicalizing fetishism while also associating any deviation from sexual norms with criminality—despite fetishism (i.e. bondage and sadomasochism) explicitly hinging on consent. On the one hand, a single authorized term can erase nuances in a topic that synonyms may provide, and on the other, broader, narrower, and related terms can create various relationships that may or may not accurately reflect a topic. Both of these can potentially cause harm for topics describing people and identity.

Literary warrant also contributes to the notion of objectivity in that new subject headings must surely enter the vocabulary once works have been published on those topics. Since literary warrant historically relies on the Library of Congress's collection, however, topics that are not represented by that collection have typically not been represented in LCSH. Moreover, new concepts forming in the literature that are flexible and not yet definite within the discipline cannot be added to LCSH until clearly defined as a discrete concept. Instead, catalogers must choose an authorized heading that most

closely relates to the topic. In this way, marginalized topics remain marginalized, and thus, literary warrant reinforces the mainstream while "reject[ing] the margins" (Olson, 2000, p. 57). With the Library of Congress as a cultural authority, LCSH defines cultural reality and contributes to the perception that it is an objective reality.

These limitations of LCSH affect how a resource is classified according to LCC. "The library's choice is decisive and…carries political weight and consequences…When we consider that only one choice is allowed, we necessarily have to think in terms of a 'best' choice" (Adler, 2017, p. 95). As a sorting mechanism, classification also draws associations between objects classed in the same way. Despite LC's professed objectivity, deciding the "best" way to categorize something is to take a stance on what that resource is, where it fits within the collection, and its relationships to other resources.

The Singular Public

Cataloging literature often describes the patron as the arbiter of practices and standards. LCSH attempts to use general language as opposed to jargon, and catalog records are expressly intended to aid the patron in finding, selecting, identifying, and obtaining resources.

> Library cataloging has always perceived itself to be user-centered insofar as it aims to select and assign access points using terminology that the user is most likely to be familiar with. The problem is that this involves making certain assumptions about the identity of the user. (Deodato, 2014, p. 748)

The identity of the user is thus paramount to equitable (and ethical) cataloging; however, the time period in which cataloging standards were codified played a central role in defining the user, and the assumptions embedded in these standards persist today.

In his *Rules for a Printed Dictionary Catalogue* (1876), Charles A. Cutter emphasized the importance of the library user ("the public") as the beneficiary of the catalog and that it must be convenient and easy for them to use (Olson, 2002). In *The Power to Name* (2002), Olson analyzes Cutter's conception of "the public," stating, "The use of the singular, especially of the definite article 'the,' in these phrases indicates that Cutter is envisioning a community of library users with a singular perspective and a singular way of seeking information" (p. 41). A "singular perspective" implies a lack of diversity. Based on the worldview of the late nineteenth and early twentieth centuries, when these standards were being codified, Cutter's idea of the singular public "reflect[s] a dominant white, male, Christian, heterosexual archetype" (Deodato, 2014, p. 748). This conception of the user continues to persist within information systems today, deciding whose voices are represented and whose are not. As Adler states in *Cruising the Library* (2017), "to organize by class and name is to exclude and silence certain bodies" (p. 171), particularly when the terminology and associations instilled in naming and classification systems reflect the dominant perspective (and values) of an historically oppressive majority.

Despite the professed goal of information systems to benefit the users, they only adequately serve a particular subset of those that make up "the public." This narrow conception of the user, LC's status as a cultural authority, and the widespread use of LCSH and LCC by libraries internationally all contribute to the dissemination and reproduction of this institution's "objective" reality (Olson, 2000). Thus, to profess the neutrality of cataloging—and, consequently, to pursue it—is to endorse this reality rather than to challenge it.

Critical Cataloging: Cataloging as Social Justice

Critical cataloging has emerged as a way to combat embedded bias and social norms that contribute to the marginalization of socially oppressed groups. The most well-known figure involved in this work is Sanford Berman, who, in his 1971 *Prejudices and Antipathies,* outlined and suggested changes for many problematic subject headings within LCSH (Berman, 1993). More than three decades later, Steven Knowlton revisited Berman's work to examine if and how his suggestions have been implemented by LC since the tract's publication. By 2005, 39% of Berman's suggested changes were implemented nearly exactly and 24% were changed partially in the way he suggested, while 36% still had not been changed at that time (Knowlton, 2005). Now, 17 years later, library professionals have assuredly made more progress to this end; however, Knowlton's study shows that the process for proposing and successfully changing headings (and classifications) is often very long. This is due, in part, to the time and resources required as well as barriers inherent to proposal requirements: "Understanding the requirements and adequately completing the forms generally requires participation in SACO [Subject Authority Cooperative Program] workshops and trainings" (Lo, 2019) p.182. All changes are ultimately up to LC's discretion.

Arguably the most famous example of this work is that of the "Illegal aliens" subject heading. In public discourse, this term "has often been shortened to just 'illegals,' implying that somehow the existence of certain people was inherently illegal" (Lo, 2019, pp. 183-184). Along with a new meaning associated with "aliens" (i.e. extraterrestrials), this subject heading implied that this group of people were somehow less than human and "inherently illegal." In 2014, students at Dartmouth College submitted a proposal for this

heading to be changed to “undocumented immigrants.” That summer, LC rejected the proposal, arguing that as a legal heading—a heading referring to law—it must use legal terminology. In 2016, due to pushback from Congress when LC announced the decision to retire the heading and use “unauthorized immigration” and “noncitizens” instead, the headings in use now are “Noncitizens” and “Illegal immigration” (Lo, 2019). While this does not constitute a full victory, this effort did make progress. Nevertheless, this case shows how difficult it can be to push changes through LC.

To supplement proposals, critical cataloging work also involves various other strategies for addressing bias within these standards—namely, local implementations to catalog records, thesaurus projects, and alternative models to controlled vocabularies like folksonomies. Culturally responsive metadata is an example of implementing local subject headings that reflect the language of the community a resource is about. While library professionals typically associate subject headings with a resource’s aboutness, culturally responsive metadata would focus on “fromness.” Jessica Colbert (2017) argues, “Because language is tied to culture, and culture is tied to place, headings should address the place from which language emerges. That is, language will change depending on culture and place. Addressing where language comes from is crucial” (Colbert, 2017, Culturally-Responsive Metadata section, para. 2). While culturally responsive metadata is only sustainable on a small scale, it does serve as a working solution.

Indigenous topics serve as a prime example of the use of thesauri and local classification systems. Within LCC, these topics are relegated to the E classes (History of the Americas). This categorizes Indigeneity as historical, treating Indigenous peoples as historic peoples rather than still existing. Indigenous ways of knowing are not represented

by the Western scientific hierarchical system; thus, systems like the Brian Deer Classification Scheme seek to account for this. LCSH also does not represent Indigenous topics the way Indigenous people understand them, and various thesauri have been created across Australia, New Zealand, and Canada to more accurately describe Indigenous materials (Webster & Doyle, 2008).

Lastly, alternatives to traditional controlled vocabularies comprise a significant source of research within LIS. Adler (2009) states that "the potential for negotiation of meaning is a key aspect of folksonomies" (Adler, 2009, p. 326). The data gathered in her study demonstrate a noticeable disparity between user-assigned tags and subject headings. A prime example is the concept of "young adult," expressed through various youth-related tags all used interchangeably to mean the same thing, while the authorized term in LCSH ("juvenile") was not found in user tags at all. Adler's study, which focused on transgender books, ultimately testifies that the notion of "the public" does not include transgender or queer people, and the language they use to describe themselves is not fully represented by LCSH. In addition to being compared to controlled vocabularies, uses of tagging systems have also been examined as a potential method of enhancing the catalog. Each system's strengths may be able to account for the other's weaknesses. Drawing on participatory culture, Deodato asserts that, in order to truly focus on user needs,

> cataloging practices must allow users some leeway to define and categorize information in their own terms using folksonomies…the participatory catalog does not simply present information about collections, but serves as a platform in which users can construct new knowledge by participating in an ongoing conversation about those collections. (Deodato, 2014, p. 748)

While folksonomies and subject work can address issues with description of resources, they cannot address issues of structure. While we continue to make progress toward

equitable subject access, "the hidden truth is that, structurally, these systems have not been significantly altered, and the associations and relationships among subjects remain the same" (Adler et al., 2017, p. 120). While library professionals have done extensive work towards dismantling marginalization of gender identity, sexuality, race, and disability, very little work has been done to address fatphobia within these systems.

The Stigmatization of Fatness

Stigma theory serves as the foundation for this study. Originally conceived by Erving Goffman and later expanded upon by Meredith Worthen into norm-centered stigma theory, the theory holds that established norms and expectations define acceptable behaviors, identities, and beliefs. Those who follow the norms are privileged, while "norm violators experience oppressive disadvantages and stigma," creating a social power hierarchy (Worthen, 2020, p. 13). Societies continually uphold and reinforce norms, thus "culturally validat[ing]" and justifying the stigmatization of those who fall outside of those norms (Worthen, 2020, p. 15). Framing theory—conceived by Goffman as the ways in which people understand the world through conceptual frameworks—informs upon the various ways our culture stigmatizes fat people (Saguy, 2013). The most prominent and influential frames are the medical and social problems frames, which focus on the relationship between weight and health.

The weight-normative approach to health has largely contributed to the societal stigmatization of fatness. This approach endorses the idea that higher body weight is directly correlated to bad health, is a result of one's own poor lifestyle, and should be treated through weight loss (Tylka et al., 2014). In their *Sorting Things Out* (1999), Geoffrey Bowker and Susan Star argue that classification systems, including those that

define health diagnoses and medical practice, have immense authority and political consequences:

> When formal characteristics are built into wide--scale bureaucracies such as the WHO, or inscribed in hospital software standards, then the compelling power of those beliefs is strengthened considerably. They often come to be considered as natural, and no one is able completely to disregard or escape them. (Bowker & Star, 1999, p. 53)

These systems thus legitimize the weight-normative approach, and this discourse becomes ordinary and natural, even outside of medicine. Even disability is organized "along lines of normal and abnormal" and is understood according to medical standards (Adler et al., 2017, p. 119) within LCC. The systems that medicalize these concepts make it impossible to separate them from these medical frames.

Political and medical authorities have also historically used their status as experts to codify fatness as an unacceptable social problem. For example, former surgeon general C. Everett Koop's "War on Obesity" campaign seemed legitimate due to his medical authority. Additionally, after 9/11, a subsequent surgeon general, Richard Carmona, took the war metaphor a step further by using contemporary terrorism rhetoric, framing obesity as a terroristic threat to all Americans (Burgard et al., 2009). This alienating rhetoric, legitimized by political and medical authority, is then reinforced until it becomes the dominant view of fatness.

Several studies of popular media—including YouTube (Hussin et al., 2011; Yoo & Kim, 2012), Twitter (Lydecker et al., 2016), and online news media (Heuer et al., 2011)—suggest that media do indeed express a predominantly negative view of fat people, framing them according to the weight-normative conception of fatness. Alternative approaches exist, yet the assumption that being fat is predictive of ill health

has extended beyond the medical sphere and has become embedded in—and thus culturally validated by—societal discourse. These beliefs have devastating impacts on fat people, most notably self-loathing, self-disgust, and self-blame.

> Goffman (1963) has pointed out that the worst consequence of stigmatizing attitudes is that the stigmatized group comes to believe and accept the negative evaluations. Thus, fat people are not only stigmatized by Western society, but also come to believe that we are responsible for this oppression. (Burgard et al., 2009, p. 337)

The logic becomes: if medical experts say this, it must be true. Not only do fat people experience mental health challenges due to the stigmatization by other people, they also believe the rhetoric that it is their own fault, thus creating a feedback loop. Needless to say, this can generate internalized self-hatred as well as outward expression of stigmatizing language towards other fat people, further entrenching the idea that *fat is bad* so deeply in our culture.

The weight-inclusive approach to health attempts to mitigate stigmatization and its effects; it holds the assumption that "everybody is capable of achieving health and well-being independent of weight, given access to nonstigmatizing health care" (Tylka et al., 2014, p. 6). However, it depends entirely upon healthcare professionals adopting and legitimizing the approach, as well as society as a whole unlearning what has been reinforced for years as the norm through bureaucracies and authoritative classification (and language) systems. Weight-neutral and weight-inclusive language is still difficult to adopt due to the hegemony of medicalized discourse about fatness. In a discourse analysis of weight-neutral scholarly journal articles, Zafir and Jovanovski (2022) found that the language these articles used contradicted weight-neutral values, continuing to use terms like "obesity" and "overweight." Despite many in the medical field attempting to

adopt weight-neutral perspectives, they continue to use stigmatizing language in discussions about weight (Zafir & Jovanovski, 2022). Dismantling fat stigmatization cannot even begin fully without addressing the systems that created it in the first place.

This study's qualitative coding will be structured around the problem frames and blame frames outlined in Abigail Saguy's *What's Wrong with Fat?* (2013). The various frames, and those who espouse them, do not have an equal power distribution. The medical frame described above is backed by the prestige and expertise of institutions such as the Center for Disease Control (CDC) and the World Health Organization (WHO), while institutions such as the National Association to Advance Fat Acceptance (NAAFA) have less influence. Social groups fighting for fat acceptance do not receive recognition because "people lacking in scientific credentials are more likely to be dismissed out of hand" (Saguy, 2013, p. 34). As a result, society gives clear preference to medical frames of fatness. Below I briefly summarize each of the other frames that will serve as an overarching category for this study's content analysis. These frames are not mutually exclusive; discourse surrounding fatness often combines the rhetoric from multiple frames, and "some frames are complementary and self-reinforcing" (Saguy, 2013, p. 66).

Problem Frames

Immorality

The immorality frame views fatness as sin, an indication of personal moral failing and "evidence of sloth and gluttony" (Saguy, 2013, p. 40). According to this frame, a fat person exhibits laziness, uncontrollable craving, and self-indulgence, all of which go against religious tenets and require moral adjustment, as opposed to purely physical

treatment. This frame holds a lack of self-restraint as a sign of poor character, necessitating the improvement of one's faith and strength of virtue (Saguy, 2013).

Public Health Crisis

The public health crisis frame, like the medical frame, correlates fat bodies with ill health. However, it diverges from the medical frame in that fatness is not just an individual problem; rather, it affects the entire population not only in terms of health but also in terms of the economic implications of a fatter population. This frame employs crisis language—such as *war* and *epidemic*—to denote a sense of extreme urgency. This language stems from and feeds into stigma to promote problem-solving efforts:

> It is not unusual for social problem constructions to rely on *stigmatization* to define the problem or to implement the solution. By tapping into existing cultural attitudes…social problems can be 'sold' to an audience. The 'War on Obesity' relies on a social problems claim that…being fat is a disease called 'obesity,' or fat causes or contributes to a number of illnesses that could be made better through losing weight. Fat is defined as a problem that is solvable. (Burgard et al., 2009, p. 335)

While the public health crisis frame sees fatness as "solvable," framing it as a "problem" characterizes fat people as contributors to the problem, or even problems themselves, reinforcing stigmatizing attitudes towards them.

The term *epidemic* itself is a medical term originally meaning "the rapid and episodic onset of infectious diseases" (Saguy, 2013, p. 44). Thus, the use of this term to describe obesity further solidifies its reputation as a "disease" in society's collective consciousness. Even as a metaphor, it carries the negative connotation of infectiousness and contamination.

Health at Every Size (HAES)

Unlike the latter problem frames, HAES (a weight-inclusive approach) frames fatness as *not a problem*. The problem lies in emphasizing diet and weight loss. Research suggests that diets often result in a yo-yo effect—that is, cycles of weight loss and gain—that can contribute to its own health issues (Saguy, 2013). HAES practitioners also recognize that Body Mass Index (BMI) is not a reliable indicator of health. Studies showing a correlation between higher BMI and various health issues actually show that BMI only accounts for about 9% of the health outcome, and HAES practitioners focus on the other 91% of what might account for a health outcome (Burgard, 2009). According to this approach, fatness is not itself the problem. Instead, "HAES asserts that the medical pathologizing of the majority of the U.S. population harms people's health by stigmatizing them and causing discrimination in insurance, jobs, social relationships, and medical care (Brownell, Puhl, Schwartz, & Rudd, 2005)" (Burgard, 2009, p. 45). This is to say that *medical and public health crisis frames* are the real problem.

HAES promotes several goals, the first of which is attending to all aspects of well-being, including emotional and spiritual, not just physical. It advocates for size- and self-acceptance, acknowledging and appreciating diversity of size and shape rather than glorifying idealized body types and features. Instead of eating with the goal of losing weight, this approach encourages intuitive eating in which one follows internal hunger and satiety cues, addresses personal needs, and eats for enjoyment. Additionally, in contrast to other approaches, HAES frames exercise in terms of joyful movement—that is, engaging in physical activity that the individual enjoys in order to access the health benefits of motion rather than following a strict regimen for the purpose of weight loss

(Burgard, 2009). Lastly, HAES seeks to end weight bias by "recognizing that body shape, size, or weight, are not evidence of any particular way of eating, level of physical activity, personality, psychological issue, or moral character; and confirming that there is beauty and worth in EVERY body" (Burgard, 2009, p. 43).

Fat as Beauty

Like HAES, the fat as beauty frame argues that fatness is *not a problem* and that beauty is a culturally limited concept that "excludes fat people" (Saguy, 2013, p. 54). Until recently, the appreciation for the fat aesthetic was the norm. Several other cultures have historically viewed fatness as an indication of prosperity, and a significant amount of art history—dating all the way back to about 24,000 B.C.E. with the Venus of Willendorf—illustrates appreciation for the fat (by modern standards) female form. However, this frame, while positive in intention, reinforces the social importance of beauty, especially for women, rather than challenging it (Saguy, 2013).

Fat Rights

According to the fat rights frame, fat people face many of the same rights-based challenges as other protected identities, such as employment and healthcare discrimination. In terms of healthcare, "stigmatization of fatness creates a catch-22…because stigma is known to damage the health of the stigmatized both directly, by creating mundane yet pervasive stress, and indirectly, through poor access to and execution of care" (Burgard et al., 2009, p. 40). The fat acceptance movement serves as a prominent example of the fat rights frame, advocating for access to respectful and accommodating medical care, including equipment and hospital gowns large enough for fat bodies. Fat people also typically receive poorer care because their fatness is assumed

to be the cause of any health issues they experience, and this discrimination can lead to other health issues for which they might not seek help due to stigma. Medical discrimination both results in and is an outcome of the stigmatization of fatness. Therefore, proponents of the fat rights frame demand fat patients receive respectful treatment that does not make weight-based assumptions about the causes of their health problems (Saguy, 2013).

Blame Frames

Personal Responsibility

The personal responsibility frame lays blame on the individual for making bad personal choices that lead to obesity, including poor diet and a sedentary lifestyle. Proponents of this frame propose that the key to combating obesity is for individuals to take more responsibility for their weight and to change their behaviors and habits. This frame stems from the uniquely American ideals of "self-reliance" and personal autonomy, as opposed to "government intervention" (Saguy, 2013, p. 73). Discourse aligning with the personal responsibility frame often draws a comparison between obesity and smoking, stating that both are risk behaviors that lead to health issues. Saguy (2013) argues, "Comparing obesity to smoking implies that weight is a behavior rather than a trait that is largely beyond personal control" (p. 73). Supporters of this frame may also have political and financial motivations for blaming fat people for their weight. For example, if the food industry can blame individuals for making the wrong choice as a consumer, it can curb attempts to regulate it (Saguy, 2013).

Sociocultural

The sociocultural blame frame directly responds to the personal responsibility frame, arguing that factors outside of one's control contribute to their weight, including the food industry, social and financial constraints, and environment. Advocates of this frame argue that the food and agriculture industries' focus on profits—using cheaper, unhealthy ingredients and lobbying for their interests in government regulation—holds some of the blame for increasing the average weight of Americans. Consumer culture and advertising may also influence food consumption and activity habits, and poorer families cannot afford fresh produce due to its increasing cost in comparison to foods with preservatives that last longer and cost less. Proponents also point out that other cultural habits, such as eating on-the-go and multitasking due to busy, fast-paced work culture, affect weight gain; these practices can throw off one's metabolism and internal hunger cues. While this frame differs from the personal responsibility frame in where it lays blame, the proposed solution still focuses on behavioral changes, even though this includes adjusting broader sociocultural values as well (Saguy, 2013).

Biology

The biology frame rests on the idea that fatness is linked to genetics and other such factors. Many theorize that "each person has a 'set point,' or a certain weight range, to which his or her body naturally returns" (Saguy, 2013, p. 78). Weight loss programs rarely result in long-term weight loss, and supporters of this frame believe this to be due to our natural set point range (a range that can change as our bodies obtain more access to food). Other studied biological factors include effects of prenatal environments, viruses, and pharmaceutical drugs for mental illness. The biological blame frame, however, still

operates under the assumption that fat is bad and does little to combat it. Furthermore, on its own it portrays fat people as helpless victims, unable to influence their lot (Saguy, 2013). None of these frames on their own can fully explain or provide a "solution" to fatness (if it even needs one); the strengths of some arguments make up for the weaknesses of others. Therefore, these frames are often in conversation with and inform upon each other. Many frames have negative implications for fat people, but some also provide hopeful and positive perspectives on fatness.

Fatness in LIS

Fatness in the context of LIS only features slightly in the literature. The work of Angell and Price (2012), of particular importance to this study, calls attention to the inadequacy of LCSH and LCC in classifying fat studies materials. The authors found that the introduction to *The Fat Studies Reader* makes apparent that fat studies are clearly a sociological discipline, and thus should be classified in HM (Sociology) rather than in Rs (Medicine) (Angell & Price, 2012). Using an online fat studies bibliography, they examined 23 books in their library catalog, 17 of which were classified in Rs and none of which were considered a social science according to LC.

> The vast majority of the titles were lumped into R—a decidedly problematic move, as this specific act of classification essentially medicalizes a social and political movement, as well as cements the common stigma of inferiority associated with all things fat. (Angell & Price, 2012, p. 159)

The power to name and categorize fatness in this way otherizes fat people, reinforcing discriminatory attitudes towards them.

Very few studies have examined fatphobia in LIS, and very little work has been done to dismantle dominant views about marginalized body types, especially in

comparison to other oppressed groups. Only a handful of other studies have explored fatphobia in physical library spaces (Chabot, 2021), the creation of a fat community archive (Pratt, 2018), and the experiences of fat female librarians (Versluis et al., 2020). It is imperative, then, that "fat studies be given an equal place in academia similar to other forms of oppression such as gender, race, age, and sexualities" (Angell & Price, 2012, p. 154). This study seeks to make progress towards that end by furthering the work of Angell and Price, examining the literature that medicalizes fatness in potentially harmful ways in relation to body positive fat studies resources misclassed due to the inadequacies of LCSH and LCC. The language and structures of these standards prioritize and promote the medical frame that obesity is a disease to be treated through weight loss. Differing perspectives of fatness may become silenced when these resources are shelved in medical classes and thus framed by medical perspectives.

Research Questions

This study explores the marginalization of fat bodies in information systems, through the lenses of critical cataloging and stigma theory. It seeks to compare fat-neutral and fat-positive materials with others classed in the same way.

1. What is the nature of fat materials classed in Medicine?
2. How do these materials inform how LCSH and LCC frame fatness?

In this study, *fat* is defined as "larger than the socially and medically accepted norm for body weight and size." While it has been widely seen as a pejorative term to demean people for their size, in this study, the term does not have an inherently negative connotation and is merely a descriptor. *Fat-neutral* materials are those that do not make value judgments about fatness, and *fat-positive* materials espouse fat acceptance and treat fatness as normal. Both fat-neutral and fat-positive materials view fatness as the symptom of larger issues as opposed to the main problem itself that needs to be treated through weight loss. In addition to stigma theory (discussed above), this study relies on the concept of *framing*, the idea that people use conceptual definitions to make sense of the world and that these frames can be employed socially to define issues in certain ways to achieve a particular outcome (e.g. "War on Obesity") (Saguy, 2013). This study examines how information organization standards frame fat books on the shelves.

Methodology

This study applies the content analysis method to investigate the ways and extent to which fat bodies are or are not marginalized by the Library of Congress Classification system. I perform a qualitative analysis of latent content through thematic coding, as well as a quantitative examination of the identified frames within fat books. Previous literature on this topic only provides a general overview of the problem of LCSH and LCC lacking accurate ways to classify fat studies materials (Angell & Price, 2012). This study seeks to explore this problem further on the shelves. A content analysis of fat materials classed in LCC's medical class numbers allows for a detailed examination of medical, neutral, and positive attitudes toward fatness and the actual makeup of these attitudes on the shelf. This section outlines my positionality relating to fatness, my target population and sampling method, and my data collection and analysis procedures.

Positionality

I identify as a fat cisgender woman, approaching this research from the position that society's perceptions and medical professionals' definitions of fatness stigmatize and marginalize fat people, particularly women and other minority groups. I do not view fatness as inherently good or bad; rather, I acknowledge that everyone has different genetic body makeups, as well as mental and physical health challenges that may contribute to their weight. Fatness is not a disease but often the symptom of larger issues.

I see it as something one should not be ashamed of but rather should accept about oneself in order to cultivate self-love and pave the way for addressing these underlying issues.

Sample

Fat materials in academic libraries comprise the target population for this study. I used purposive sampling for representativeness because this study is specifically interested in those materials shelved in medical classes. First, I searched Classification Web (ClassWeb) using keywords such as “overweight,” “obesity,” and “fat” in order to identify subject headings used to describe fat materials. Then, ClassWeb’s LC class correlation feature helped me determine the most relevant class numbers to examine. This feature allows the user to navigate from a particular subject heading to its associated class number and provides the number of bibliographic records that make this correlation. The more records that make the correlation, the more likely it is the appropriate class number to use. Table 1 presents the results of these searches, and Table 2 provides a breakdown of each class number chosen for this sample.

For the keyword “fat,” the search yielded mostly terms related to biochemistry or food and diet (as in “low-fat diet”) and headings that included words like “father,” “fatigue,” and “fate.” Only one subject heading with the term “fat” referred to fatness as a description of people: *Fat-acceptance movement*. Furthermore, this heading does not show up in a keyword search at all; rather, one must specifically use the subject heading search box for results to include this term and its synonyms.[1]

[1] *Fat-acceptance movement* serves as the authorized heading for *Fat activism (Social movement)*, *Fat liberation (Social movement)*, *Fat power movement*, and *Size acceptance (Social movement)*. One would think that a keyword search should yield any headings that include the term “fat.” This limitation of ClassWeb’s search function renders these concepts potentially invisible, depending on how the cataloger chooses to search. While this is beyond the scope of this study, it is an interesting observation.

Subject Heading	Class Correlations	Number of Correlations
Obesity	RC628 RM222.2 RC813 RA645.O23 RG580.O24 RC455.4.N8 RC552.O25 RC813.25 RJ206	147 30 26 13 2 1 1 1 1
Overweight persons	RC628 RC552.O25	10 4
Overweight women	RC552.O25 RC628	6 5
Overweight men	RC552.O25 RC552.C65 RM222.2	3 2 1
Discrimination against overweight persons	RC628 KF4757.5.O94	6 1
Weight loss	RM222.2 RC628 RA776.5 RM237.5 RM332.3 RA778 RA781	614 11 2 2 2 1 1
Obesity in women Obesity in men[2]	RA625.O23 RC628 RC552.O25	2 3 7
Fat-acceptance movement	RC552.O25	1

Table 1. LC class correlations for subject headings related to fatness.[3]

[2] *Obesity in women* and *Obesity in men* share the same correlation results.
[3] Irrelevant correlations such as fiction and biography have been excluded from this table.

Class Number	Total Correlations	Class Breakdown
RM222.2	645	Therapeutics. Pharmacology—Diet therapy. Clinical nutrition—Diets to control weight—Reducing weight
RC628	182	Internal medicine—Specialties of internal medicine—Metabolic diseases—Obesity—General works
RC552.O25	22	Internal medicine—Neurosciences. Biological psychiatry. Neuropsychiatry—Psychiatry—Neuroses—Other neuroses, A-Z—Obesity. Overweight persons
RA645.O23	13	Public aspects of medicine—Public health. Hygiene. Preventive medicine—Chronic and noninfectious diseases and public health—Individual diseases or groups of diseases, A-Z—Obesity

Table 2. Most commonly used LC class numbers for general works about fatness. Books in these class numbers constitute **the sample for this study**.

The books shelved within these class numbers in Davis Library at the University of North Carolina at Chapel Hill are analyzed for words (and images, if applicable) used to describe fatness according to Saguy's problem and blame frames. I then assign an overall attitude towards fatness and suggest the broad LC class I feel, as a cataloger, would be most appropriate for the material. While the latter is subjective work, as discussed in the literature review, it can still show if and how current headings and class numbers for fatness limit how catalogers class fat materials.

I chose Davis Library for its convenient proximity to me as a graduate student. After some preliminary research into the online catalog, I did not find the Health Sciences Library relevant for inclusion in this sample, as this study focuses on the interaction between medical and non-medical texts about fatness in relation to LCC. This library uses the National Library of Medicine classification system, and while it

complements LCC, it allows for more specific topic subdivisions for medicine. This study is interested in classification of fat materials for use by a more general target audience than health sciences professionals.

Although Davis Library is only a single library out of all of the academic libraries in the United States, this study can nevertheless reveal potential patterns in the way fatness is treated within academic library systems, to be studied further. I have made an effort to describe all my procedures in detail so that future researchers may transfer and apply this study design to their own contexts. This sample is also limited by this library's specific collection of books about fatness. Other libraries may have books that would inform this research more fully, and some fat studies titles critical to the discussion may be excluded because the library does not own them, or they only have it in eBook format. Additionally, books currently checked out were unavailable at the time of data collection; however, I supplement this research by looking at these books' bibliographic records within the online catalog, recalling them, if necessary, should the records provide very little information.

Data Collection Methods

I systematically visited each of the previously stated class sections on the shelves in Davis, scanning cover images (if applicable), titles, tables of contents, introductory material, and summaries (if available). These sections comprise those used in the subject analysis process for determining the "aboutness" of a resource and, consequently, make up the source of data for this study. I collated all of this information into PDF format to facilitate the data analysis process.

Data Analysis Methods

I performed deductive coding to assess how texts frame fatness using Saguy's problem and blame frames as the predefined codes and then assigned an overall attitude towards fatness (see coding guides in Appendix B). The fat attitude categories build off of the frames, but nuances and exceptions were defined as I carried out the analysis. Based on how the text presented itself (as medical, sociological, interdisciplinary, etc.), I assigned a broad LC class that seemed most aligned with the content. While this constitutes subjective work, individual catalogers carry out this work regularly, so I contend that this is no different than the subjective nature of cataloging itself. While catalogers are bound by the limitations of LCSH, I chose to ignore these limitations and determine where these texts might fit if LC had more headings and class correlations for fat topics. After coding the texts, I calculated the percentage of the total sample for each frame, attitude, and class, and I calculated the frequency with which each frame and class occurred for each attitude.

Limitations

The one library from a single institution chosen for this study makes up a very small portion of academic libraries in the United States, each with its own collection. Other institutions with different collections were not examined. Thus, my research questions cannot be fully answered by this study alone, nor can the findings be generalized to all academic libraries. Nevertheless, other researchers applying this study design to a broader selection of institutions could address this limitation. Furthermore, the Library of Congress Classification system is only one system used to organize

information, and academic libraries represent only one kind of information institution. This study does not address the organization of fat materials in public libraries or by other classification schemes such as the Dewey Decimal system. These could serve as productive avenues for future research.

This study also does not explore whether the associations created by classing these materials in Medicine actually do have stigmatizing effects on fat people in reality. Its design as a content analysis cannot address library patrons' attitudes and perspectives about the organization of fat materials. Theoretically, fat materials being classed in Medicine may have marginalizing potential; however, further research of library users' perceptions of and interactions with these materials on the shelf is necessary to measure whether this potential truly has an impact.

Delimitations

Since the Health Sciences Library does not use LCC and collects virtually only medical resources, its collection was not included in this study's sample. Likewise, I chose not to include books with the primary subject heading of *Body image* in my sample, as they are classed in Psychology. By their nature, these materials tend to cover self-conceptions of fatness rather than societal conceptions and thus may have less marginalizing potential than those in Medicine. However, researchers may find it beneficial to examine and break down this assumption. Time and scope constraints limit my ability to address it in this study.

Lastly, I chose not to include several medical class numbers that came up in the correlation search results. A majority of these were excluded due to the low number of correlations. RC813 is an outlier in that twenty-seven bibliographic records made the

correlation between it and *Obesity* on ClassWeb; however, this class specifically refers to motility disorders, which is too narrow to be relevant to this study. The classes reserved for more general works on fatness are more likely to have non-medical texts interspersed with medical ones. Appendix C provides details of excluded class numbers, including total correlations and the specific breakdown for each.

Research Quality and Ethical Considerations

I have taken the following steps to improve the trustworthiness of my study.

In order to ensure credibility, I have transparently stated my position as a fat woman. I am performing this research from the perspective that negative, medicalized attitudes toward fatness are problematic and further stigmatize fat people like me within society. As a self-identified fat woman, I have a vested interest in addressing the marginalizing effects of the Library of Congress's widely used standards. This position indicates that I may bring bias to the study; however, the literature review shows that this perspective has been extensively investigated. Grounding this study in stigma theory provides support for the idea that description and organization practices have the power to otherize. This mitigates my personal bias in that many researchers share this view based on the results of previous well-founded research. I further address this bias by analyzing in more depth any negative cases that conflict with my main findings.

Furthermore, in an effort to improve both credibility and dependability, I have had the research design, codes, and interpretations peer reviewed from an external perspective as well as included quoted examples from raw data as concrete evidence to back up my interpretations. The data collection process was tracked via Google Docs and Google Sheets, where I made comments and notes about the challenges that arose, and changes that occurred to the research design. I will also preserve all data and codes for

potential reanalysis in the future. These strategies strengthen the confirmability of this study.

Transferability is improved by fully outlining all of my methods and research context so that this study can be reproduced in other contexts. The quantitative results are not generalizable due to the small sample of books from only one library, and statistical reliability testing cannot be performed on this data; however, I use thick description to enable qualitative results to be more transferable.

My identity as a fat woman is the main ethical consideration of importance to this study's context. My biases may lead me to interpret certain phrases and framing more negatively than an individual of average build or a medical professional. I manage these biases by providing access to my coding guide in Appendix B and by employing a peer researcher who neither shares my identity nor has a stake in this research to review my codes and themes.

Findings

Statistical Overview

A total of 112 books across the four identified class numbers were coded for problem and blame frames, attitude, and suggested LC class. The publication or copyright dates range from 1968 to 2019, spanning just over 50 years of conceptualizing and constructing fatness from a variety of medical, sociological, anthropological, and psychological perspectives. ***Table 4*** describes the total number of books that use each frame as well as the percentage of the total sample. These percentages do not total 100% because a single book can employ multiple frames. ***Tables 3*** and ***5*** report the number and percentage of the total sample for attitude and suggested class, respectively. Since only one attitude and one class can be assigned to a book, these percentages total 100%. Two extra frames have been introduced in addition to Saguy's (2013) frames, described in detail below. Additionally, for texts whose frames and attitudes were difficult to assess, I have included an Indecipherable category. Simply reading the introductory material for these books proved inadequate to determine the nature of their discussion of fatness; I believe I would need to read the entire works, or at least a larger portion than I was able to for this project, to properly gauge them. I have chosen to include these books in the calculation of percentages, although not being able to categorize these slightly impacts the overall breakdown of frames and attitudes.

What is the nature of fat materials classed in medicine?

Fat Attitudes and Frames

On their own, the attitudes do not inform this research on issues of classification and subject headings. Thus, the frames and attitudes cannot and should not be viewed separately; they share considerable overlap in their definition. Rather, they simply offer two ways to look at the texts: 1) a more nuanced account of how they discuss fatness as a problem, lay blame, and offer solutions, and 2) the broader implication of these frames. The attitudes present in books in these medical class numbers may illustrate the broader trends in individual and societal views of fatness as well as how library systems reflect these trends. Fat attitudes may also help articulate how these framings by libraries might affect or contribute to broader issues of fat stigmatization. Over half (51.79%) of the sample have a negative attitude towards fatness—unsurprising considering the traditional medical conception of fatness. Comparatively, just over a quarter (26.79%) are fat-neutral, and only 17.86% are fat-positive. (I was unable to determine the attitude for five of the books from the introductory material alone.)

Attitude	# Books	% of Sample
Fat-Negative	58	51.79
Fat-Neutral	30	26.79
Fat-Positive	20	17.86
Indecipherable	4	3.57

Table 3. The number and percentage of books assigned each attitude. *n = 112*.

	Frame	# Books	% of Sample
Problem	Medical	55	49.11
	Immorality	4	3.57
	Public Health Crisis	31	27.68
	HAES	9	8.04
	Fat as Beauty	4	3.57
	Fat Rights	15	13.39
Blame	Personal Responsibility	28	25.00
	Sociocultural	51	45.54
	Biology	31	27.68
	Psychology	24	21.43
Other	Meta-frame	46	41.07
	Indecipherable	3	2.68

Table 4. The number and percentage of books using each frame. ***Note:*** Percentages do not total 100 because a single book can have multiple frames. *n = 112.*

The problem frames associated with the fat-negative attitude include medical, immorality, and public health crisis. The very nature of these frames necessitates their association with a negative attitude; they associate fatness with poor health and character and thinness with model health and character—the former requiring treatment to achieve the latter. They operate according to a binary, framing fatness as bad, to be avoided, and thinness as good, to be sought. Medical framing always accompanies the immorality and public health crisis frames, even though the latter two were not always present in a medically framed text. On the other hand, the non-problem frames never intersect with fat-negative. Health at Every Size (HAES) appears in both fat-neutral and fat-positive texts, while fat as beauty and fat rights exclusively correlate to the fat-positive attitude

due to their social justice orientation and promotion of empowerment and agency for fat people.

Most of the blame frames appeared across the entire attitude spectrum, personal responsibility being the sole outlier that only corresponded to the fat-negative attitude. Texts invoked the sociocultural and biology frames regardless of the attitude they espoused; where they placed blame need not be informed by whether they viewed fat as good, bad, or neither.

In addition to the frames outlined by Saguy, I identified a need for two more frames to describe the texts: a meta-frame and a psychology blame frame. The meta-frame applies to books that perform a meta-analysis of the concept of fatness and the implications of these framings. A text employing a meta-frame does not necessarily subscribe to any problem or blame frames or express a particular attitude, though it may. Saguy's *What's Wrong with Fat?* (2013) serves as the quintessential example of this meta-analysis, although texts that do not necessarily use the language of framing may also use a meta-frame.

The psychology blame frame is both a) a combination of the personal responsibility, sociocultural, and biology blame frames and b) an alternative way of framing personal responsibility. This frame holds that an individual is not to blame for being fat *in a vacuum*, but rather that affective, biological (neurochemical), and sociocultural (environmental) dimensions interact with each other and contribute to individual choices. These facets compound each other and their intersection leads to fatness. Like the sociocultural and biology frames, psychology also may appear regardless of which attitude the text holds.

Notably, nearly half (49.11%) of the books in the four medical class numbers use the medical frame (n = 55), and a little over a quarter (27.68%) use public health crisis (n = 31). Of the 55 medically framed texts, 31 invoked sociocultural blame, 28 invoked personal responsibility, 22 laid partial blame on biology, and 17 referenced psychology. biology and psychology always appeared in conjunction with at least one other blame frame; they never individually accounted for all of the blame in a medically framed text. Whereas, more commonly, sociocultural framing was either invoked as the sole source of blame (n = 20) or with personal responsibility (n = 11). Every instance of personal responsibility, making up 25% of the total sample, occurred in conjunction with medical framing, and half of these instances (n = 14) also included public health crisis framing. Both sociocultural and personal responsibility blame require individual behavioral changes in order to “solve” the “problem.” Thus, medical framing more often burdens the individual fat person with blame *even when authors recognize sociocultural factors as contributors to fatness*; although these factors tend to be out of one’s control, fat people are expected to make personal changes to “correct” the outside influences.

Additionally, only 8.04% (n = 9) employ HAES, which never ascribes personal responsibility blame. This finding substantiates the claim that health and medical sciences have historically skewed and continue to skew towards treating fatness negatively as disease and ill health, largely due to personal choices and societal habits that can be changed behaviorally. This library’s collection seems to uphold and reinforce this idea.

The immorality frame makes up 3.57% of the sample (n = 4), the lowest occurrence of all problem frames. Each of the texts with an immorality frame also used medical framing, two blamed the individual (personal responsibility), three blamed

broader cultural values (sociocultural), and one made use of the biology frame, but only in relation to sociocultural factors rather than on its own. This finding is consistent with the idea of fatness as immoral in that blaming solely biological factors would imply that fatness is outside of the individual's control—an idea entirely at odds with describing fatness as a moral failure on the part of the individual or society at large.

Meta-framing appears in a total of 46 books (41.07%), more often present in the non-problem frames (n = 22) than problem frames (n = 3). It is also more often discussed while ascribing sociocultural blame (n = 16) than personal responsibility (n = 2), biology (n = 6), or psychology (n = 3). However, more than half (n = 28) do not appear to ascribe blame at all. Of the 15 fat rights books, 13 also used a meta-frame, in that they performed an analysis of how fatness is constructed and defined by various societal and political forces as well as discussed how these constructions impact fat people. Likewise, six out of nine HAES books and three out of four fat as beauty books also did so. Also noteworthy, four books in the sample are memoirs.

Suggested Classes

Based on the way authors describe their work—either naming various disciplines or providing context that indicates the nature of their academic discipline—I identified the broad LC classes in which I would place these books if LCSH and LCC had more subject heading and class coverage for fat topics. While the broad classes outlined in LCC generally represent topical disciplines and fields, the most specific topic (e.g. fatness, as in this case) serves to classify a material, not its discipline (Library of Congress, 2021, F10.2). A breakdown of the disciplines encompassed by the books in

these medical class numbers reveals that they cover far more than medicine, illustrating how LCC collocates books about fatness together whether they are medical or not.

The resulting classes I identified as potential areas for fat topics include: BF (Psychology / Body image), GN (Anthropology), H (Sociology / Interdisciplinary), and R (Medicine). If a book was psychological in nature but dealt with treatment, it remained in R. I recognize that there may be more specific possibilities. For example, medical anthropology does have a class number dedicated to it specifically. Due to time constraints, I chose the broadest categories as a starting point. I hope to perform more in-depth research in the future to identify narrower classes with potential for fat topics.

Class	# Books	% of Sample
BF	8	7.14
GN	5	4.46
H	53	47.32
R	46	41.07

Table 5. The number and percentage of books assigned each suggested class. *n = 112.*

Anthropology seemed appropriate for 4.46% of the sample; only a few books (n = 5) purported themselves to be an anthropological investigation of fatness. LCC does not classify a book based on what it *is* (an anthropological study) but rather what it is *specifically about* (fatness). Since anthropology is not itself the topic of the book, however, GN may not be the correct place to address anthropological conceptions of fatness as there are no specific class numbers for fatness in relation to anthropology. These books may possibly fit better within the social sciences.

Non-treatment-based psychological books comprised 7.14%. Out of the eight books, four were memoirs and two could be considered self-help. While these books did address fatness, the primary topic seemed to actually be body image. Although form should not be the determining factor for classification according to the guidelines (Library of Congress, 2021, F10.2), memoirs and self-help books addressing sense of self in relation to the body—whether about fatness specifically or not—might better serve patrons when shelved with other materials about body image than they currently do in medicine.

Nearly half (47.32%) of the sample would better fit somewhere within the social sciences. Most of these explicitly referred to the authors' field of study; for the ones that did not, I used context to determine their likely disciplines. None of these 53 texts showed any indication of being primarily medical, even if the authors viewed fatness according to a medical or public health crisis framing, using terms like "obesity" and "overweight." Even the medically framed texts focused more on social, political, and economic dimensions of fatness.

In an ideal organization system, books about fatness classed in medicine would be only *medical* or *health sciences* texts—those that discuss fatness in regards to health (mental and physical) and physiology. If there were more headings and class numbers to cover fat topics, sociological or social sciences texts would not be in medicine. Only 41.07% of this sample (n = 46) reflected medical fields of study and medical practice. This is not to say that medical aspects cannot be discussed in texts classified outside of medicine; in fact, many of the books I recommended be broadly classified in H do touch on these. However, when the text's goal is not to advance understandings of the health of

the fat body, but rather to discuss these understandings as they relate to the social, political, and economic dimensions of fatness, should it still be shelved in medicine?

Discussion

How do these materials inform how LCSH and LCC frame fatness?

Oppressive Language as "Neutral" Terminology

LCSH and LCC currently frame fatness only according to a medical perspective. As the preliminary methodological research shows (see Table 1 on pg. 34), LC subject headings for fatness almost exclusively use medical terminology. With the exception of *Fat-acceptance movement* and *Weight loss*, the headings describe fat topics according to two categories of the BMI—obesity and overweight—which medical professionals have used to predict a patient's poor health outcomes. Saguy (2013) states, "The terms *overweight* and *obese* explicitly affirm a specific interpretation of bigger bodies as *medical problems*" (p. 7). Fat activists and fat studies scholars have rejected this terminology on the grounds that it stigmatizes and demeans fat people.

Since the medical field has long promoted the idea that fatness directly causes ill health, these terms have taken on negative connotations and now border on being slurs. As these terms entered general usage, they have become distanced from their medical meaning in favor of their everyday meaning. Even the Oxford English Dictionary defines "obese" first as "very fat or fleshy; extremely overweight" *before* its medical definition of "having a body mass index of 30 or above" (Oxford University Press, 2023). A Google search for "define obesity" does not even supply the medical definition, presenting it

simply as " the state or condition of being very fat or overweight." "Obese" and "overweight" have thus become terms weaponized at the societal level by individuals, institutions, and industries to vilify fatness as a threat to health and society.

Public health crisis framing in particular illustrated this vilification within this study's sample. With the advent of the so-called "War on Obesity"[4] fatness became the enemy of public health. Burgard et al. (2009) describe this process:

> In every war there must be villains and victims. War is about defining who is 'with us' and who is 'against us.' Defining these villains and victims in cultural discourse relies heavily on social stigma. Just wars are fought within the context of making something right that had been made wrong. But usually wars are fought through propaganda that demonizes specific groups of people, defining them as victimizing other groups of people…If fatness is simply a matter of personal habit, then little public issue can be taken. Thus, the construction often goes further, suggesting that the bad choices and lack of control are a drain on society as well as the person. (p. 336)

Medical terms become weapons of war used against fat people to stigmatize and shame them into changing themselves *for the social good*. Public health initiatives frame fatness as "wrong," an injustice committed against innocent victims. Pairing the term "obesity" with "epidemic" implies that fatness is—indeed, fat *people* are—a contagion that spreads. Just as Covid-19 has been and is an enemy to be fought against for society's health, so has fatness been long before.

The 31 instances of public health crisis framing in this sample all vilify fatness in this way. (Note that complete citations for each text referenced in this section can be found in Appendix B). *Obesity Among California Adults* characterizes fatness as "a drain on society," stating, "The burden of adult obesity is not just borne by the individual; it ultimately exacts tolls on the family, health care system, taxpayers, and the workplace"

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[4] The fight against fatness has also been referred to colloquially as "the battle of the bulge." This comparison to the German offensive campaign of World War II is itself interesting and problematic.

(Lee, 2006, p.3). In other words, fat people put a strain on economic and social systems. Texts that focus on health interventions and treatment tended to describe it in more understated terms, as in *Counselling for Obesity*, which describes the "normality of being larger" and "the need for greater public awareness" (Bryant-Jefferies, 2005, pp. 3-4).

On the other hand, many books employed the medical terms in conjunction with alarmist language in order to rally the readers against a common enemy. In *Fat, Gluttony and Sloth*, the authors assert,

> The obesity 'time-bomb' which detonated last century is set to result in an explosion of premature death; as soon as the United States, in the vanguard, starts to realize the full extent of the epidemic, there will be no expense spared in conquering the foe. (Haslam & Haslam, 2009, p. 1)

The language of war and violence is unmistakable. The authors portray the United States as the force at the forefront, engaging and "conquering" the enemy that is fatness. The public health crisis frame employs a call to action similar to that of wartime propaganda:

> In short, there is no time to be lost. For those extra pounds are not just a matter of aesthetics: fat kills!...For obesity is not so much the illness of an individual, no matter how greedy that person may be; it is the illness of the world that is feeding its hunger. (Delpeuch et al., 2009, p. xv)

The public must come together to fight this enemy because fatness threatens everyone's wellbeing. Describing fat people as "greedy" also frames them as the cause of others' suffering rather than just their own, encouraging "normal-weight" people to view themselves as the victims and fat people as the immoral villains. The books in these medical class numbers illustrate the association of medical terminology with highly charged language to make value judgments about fatness.

LCSH guidelines highlight the importance of the principles of neutrality and objectivity in the language of headings. Subject Heading Manual (SHM) H180 instructs

catalogers to “avoid assigning headings that label topics or express personal value judgments regarding topics or materials” (Library of Congress, 2022, H180.14). However, if the language used in the authority file for a heading inherently contains value judgments due to the way the public uses the term, how can the cataloger achieve this objectivity? The cataloger cannot control the judgments contained in the established heading itself.

SHM H204 provides information for how the subject editorial meeting evaluates proposed headings. The meeting evaluates proposals according to a variety of questions, including whether it “reflect[s] the terminology commonly used to refer to the concept” and “employ[s] neutral (i.e., unbiased) terminology.” A proposed revision to an existing heading must also be evaluated for whether it “seek[s] to remove pejorative or otherwise offensive terminology” and would “enhance access to library resources” if changed (Library of Congress, 2022, H204.2). While this rubric allows for consistency in the assessment of proposed terms, it harbors major assumptions. Who decides whether the most “commonly used” words are appropriate? Who decides that the language used is “neutral” or “objective”? “Obesity” and “overweight” have been understood as unbiased *because* of medicine’s seemingly value-free, apolitical nature, operating outside of social contexts. Yet medicine actually plays a role in social meaning making and actually contributes to the negative framing of fatness by classifying it as a disease caused by an individual’s lifestyle.

“Obesity” and “overweight” cannot be neutral insofar as they are tied to negative social constructions of fatness; yet, no other language exists to describe fatness in a medical context that does not have these negative connotations. Indeed, it is impossible to

discuss fatness in a medical context without the negative implication that fat is unhealthy. Even HAES, a weight-neutral approach, does not discuss weight except in opposition to the dominant negative paradigm, decentralizing fatness overall. As a result of the lack of neutral terminology, medical professionals and academics seeking to challenge fat-negativity still use “obesity” and “overweight” to talk about fatness from a medical perspective, as demonstrated by Zafir and Jovanovski’s (2022) study of weight-neutral discourse in peer-reviewed journal articles.

Fat-neutral books as well as those that used the HAES frame further showcase the inability to operate outside of the current medical paradigm. The author of *Fat Politics* states that,

> contrary to the conventional wisdom, obesity is not a problem because more than 60 percent of Americans weigh ‘too much.’ Nor is it a problem because hundreds of thousands are dying from being too fat. Nor is it a problem because it costs us hundreds of billions in healthcare expenditures. Obesity is not a problem for any of these reasons *because none of them are true*. (Oliver, 2006, p. 2)

While rejecting these harmful narratives, Oliver still uses “obesity” to discuss fatness here. Although he also uses “fatness” and “increasing weight,” it is nearly impossible to discuss public health claims, even to challenge them, without using the widely used terminology. Saguy (2013) uses this terminology “when discussing how others have framed bigger bodies as indicative of disease or health risk…Even when I do not use scare quotes, this critical distance should be assumed” (p. 7). In the same vein, the editors and contributors to *The Fat Studies Reader* choose “to surround the O-words with scare quotes to indicate their compromised status” (Rothblum & Solovay, 2009, p.xii). Nonetheless, all of these authors must use the terms regardless of their “compromised

status"—including me for this research. How might use of this language continue to legitimize the terminology, particularly as the preferred headings for fat topics in LCSH?

Lastly, while the practice of adding subheadings such as *Social aspects*, *Economic aspects*, or *Political aspects* might cover non-medical facets of fatness, the use of the medical terms as the main heading still medicalizes the texts. Simply adding these subdivisions to medical terminology does not cover up the library's medical framing of fatness. I argue, rather, that new headings are still necessary to address the harm of medicalizing sociological texts about fatness. As the most commonly used words for fatness, "obesity" and "overweight" fit the guidelines, but, as oppressive language, they do not fit the requirement for neutrality. LC class hierarchies use the same language and are intimately bound with subject headings through their correlations. Therefore, due to the reliance on common usage, these information organization standards systemically reinforce and amplify fat oppression.

Confusing Application of Subject Headings

As two distinct categories of the BMI, "overweight" and "obesity" represent separate concepts—two different ranges of height-to-weight ratios. However, the two concepts have become overlapped in everyday usage. Even the OED and Google definitions above use the term "overweight" in defining "obesity." A Google search for "overweight synonyms" includes a list of similar words, the second of which is "obese." One of the medically framed books of this sample, *Overweight: Causes, Cost, and Control*, illustrates this conflation:

> Originally I had planned to include the word "obesity" in the title of this book. Obesity, or the state of being too fat, is really what it is about. While the term "overweight," merely the state of weighing more than the average for one's height

> and age, is by no means equivalent to the more accurate "obesity," it is a word which people who are too fat will more easily identify with. They tend to…take it as an insult. (Mayer, 1968, p. v)

The author chooses to use "overweight" despite the fact that "obesity" is the actual focus, in a misguided effort to appeal to fat people—even though fat people do not make up the target audience of this medical text that focuses on etiology and treatment. The catalog reflects the general public's conflation of the terms. In the online catalog, this text's only LC subject heading is *Obesity*, with no qualifiers.[5] While technically an accurate application of the heading, using it with the inaccurate title serves to further conflate the two terms.

The catalog records for most of the books in these class numbers include both *Obesity* and *Overweight* [*women*, *men*, or *persons*]. In fact, many of the medical books do discuss both concepts insofar as they have the same causes and varying degrees of health risks. Nevertheless, other books in the sample rarely use the medical terms in discussing fatness, yet both are present in the records as headings. *Bodies Out of Bounds* has both *Obesity—Social aspects* as its primary heading and *Overweight women—Social aspects* as its second, despite the fact that the authors and editors describe fatness as corpulence (or simply fatness), only using the medical terms in discussing medical discourse. Since there is no term for fatness as a concept outside of the medical categories, both headings must be applied to account for the whole. But this can result in and reflects society's conflation of the two concepts.

Fat topics currently seem to be at odds with LCSH's principle of the unique heading—that is, a heading should only represent one topic (Robare et al., 2007). With

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[5] The text does include three other headings, but all of them come from the National Library of Medicine's Medical Subject Headings (MeSH) and are thus irrelevant to this study.

the overlap between headings about "obesity" and "overweight," as well as their common use in conjunction with each other, they do not seem to represent separate concepts. LCSH uses scope notes to distinguish between concepts and provide direction on how catalogers should apply the headings. According to SHM H400, the type of scope notes for closely related headings "provides contrasting information regarding the scope and usage of superficially similar headings" (Library of Congress, 2022, H400.1). None of the subject headings identified in this study include scope notes to differentiate them from the others; rather LCSH leaves this decision to the cataloger, who must thus rely solely on whether the terms appear in the texts or their own knowledge of the topics. With many of these texts discussing both concepts (or fatness as a whole), differentiating them within LCSH seems a pointless endeavor, as both are used in the same record regardless of their distinctness. These practices may have the effect of lumping all fat people together, or it may simply muddle the records with unnecessary subject headings as the terms inevitably come to mean the same thing. I acknowledge that I do not know the extent to which this might be problematic nor how it might be addressed (or whether it needs to be addressed at all). Nevertheless, it would be remiss of me to not include it in the discussion of the marginalization of fat people by information organization systems.

Hierarchical Oppression

RA645.O23: Public aspects of medicine—Public health. Hygiene. Preventive medicine—Chronic and noninfectious diseases and public health—Individual diseases or groups of diseases, A-Z—Obesity

RA645.O23 contains a large number of books that use *Obesity—Social aspects* as the primary subject heading, a reasonable finding in that public health concerns itself with the health of the entire population and the social dimensions that exacerbate and

"spread" fatness, as well as what society as a whole can do to prevent increasing weight. The class number reserved for "preventive medicine," however, includes non-medical titles such as *Diet Nation: Exposing the Obesity Crusade*; *Biopolitics and the 'Obesity Epidemic'*; *Fat: a Cultural History of the Stuff of Life*; *Fat Politics: the Real Story Behind America's Obesity Epidemic*; and even *What's Wrong with Fat?* None of these texts are *about* preventive medicine, even if they do discuss the effect of public health initiatives on societal constructions of fatness. This classification mischaracterizes the nature of these books and contributes to the harm caused by public health discourse about fatness by characterizing the social and political dimensions discussed in these books as "preventive medicine." Being shelved with those books that are about prevention creates conflict between the various ideas expressed.

RC552.O25: Internal medicine—Neurosciences. Biological psychiatry. Neuropsychiatry—Psychiatry—Neuroses—Other neuroses, A-Z—Obesity. Overweight persons

The subject heading *Fat-acceptance movement* may use the language of the movement itself, but the correlation with RC552.O25 still classifies texts about this movement medically, with "neuroses." Why is a social movement classified as a "psychological disorder in which there is disabling or distressing anxiety, without severe disorganization or distortion of behaviour or personality" (Oxford University Press, 2023)? This undermines social justice for fat people and problematizes it as psychological dysfunction. The lack of class numbers for fat studies or social movements serves as the only explanation for this harmful classification.

Furthermore, this section defines fatness itself as a "neurosis" similar to eating disorders.[6] Even a few of the books in this sample (two in this section, one in RC628), examine fatness in comparison to anorexia nervosa and binge-eating, rather than as a *symptom* of eating disorders and body dysmorphia. *The Overeaters: Eating Styles and Personality* illustrates this. Placing a book on overeating in the class for "obesity" as a psychological dysfunction is problematic in that people in thin bodies can also be overeaters, and fat people are not inherently all overeaters. Larger people also suffer from anorexia but are often not treated for it simply because of their size and weight:

> Even the diagnosis of anorexia nervosa requires an underweight BMI of seventeen or lower, relegating fat anorexics to a lesser known diagnosis of atypical anorexia and reinforcing the idea that fat people simply cannot have restrictive eating disorders—that is, not until we're thin. (Gordon, 2020, p. 63)

Overeating is *not* synonymous with fatness; disordered eating of all kinds can be associated with higher weight. Yet, the classification of this book in RC552.O25 characterizes overeating as such and erases other psychological dimensions. The absurd logic in shelving a book about overeating—not fatness itself—in a psychological class about fatness reinforces the idea that fat people must be fat because they eat too much, despite the fact that a variety of other factors have been documented as contributors to fatness. In this way, LCC treats obesity *itself* as an eating disorder—and even as a mental or emotional disorder.

Lastly, the four memoirs are shelved in this section, which pathologizes and undermines the authors' social experiences as fat people, regardless of whether or not they themselves harbor negative attitudes towards fatness. While these memoirs do

[6] RC552.E18, just a few class numbers away from RC552.O25, contains books classified as *Internal medicine—Neurosciences. Biological psychiatry. Neuropsychiatry—Psychiatry—Neuroses—Other neuroses, A-Z—Eating disorders*.

discuss fatness as it affected the authors socially *and* psychologically, their personal lived experiences as fat people should not be reduced to neuroses. Rather, I contend that the class number for body image serves as the less harmful section for books about the personal experiences of living in a fat body.

RC628: Internal medicine—Specialties of internal medicine—Metabolic diseases—Obesity—General works

As the largest section, RC628 serves as the catch-all class number for fat topics. It seems to house the broadest coverage of fatness, including epidemiology, history, psychology, and even discrimination. LCSH and LCC's treatment of fat discrimination is particularly egregious. *Discrimination against overweight persons* was applied to only two books in the entire sample, both shelved in RC628: *Fat Blame: How the War on Obesity Victimizes Women and Children* and *Fat Tactics: the Rhetoric and Structure of the Fat Acceptance Movement*. Doubtless, many more than these discuss the discrimination fat people face.

In a correlation search in ClassWeb for *Discrimination against overweight persons*, results also show correlations for *Discrimination against people with disabilities*. While the latter correlates with HV (Social pathology. Social and public welfare. Criminology)[7], the former only correlates with RC (Internal medicine) and KF (United States Law). LC treats discrimination against fat people as either a medical topic or a matter of law rather than as a sociological topic like disabilities. Classing these works in medicine has the effect of disregarding fat peoples' experiences with discrimination. This seems to reflect the widely accepted notion that fat people cause

[7] Specifically regarding "victimology" and "protection, assistance and relief."

their own health issues by getting and staying fat, so they deserve whatever discrimination they face. With only two books given the subject heading and both classed in RC628, fat discrimination in this sample becomes erased by LC's standards.

RM222.2: Therapeutics. Pharmacology—Diet therapy. Clinical nutrition—Diets to control weight—Reducing weight

Society has generally perceived the medical frame of fatness as the authoritative frame—that being fat is unhealthy and one should lose weight to improve health. Doctors prescribe diets to fat patients as the "treatment" for their "condition." Thus, the books on reducing weight in RM222.2 are backed up by the medical establishment. However, this section includes diets written by laypeople, including Mireille Guiliano's *French Women Don't Get Fat*, Jim and Tammy Bakker's *How We Lost Weight and Kept It Off!*, and Jim Karas's *The Ultimate Diet Revolution: Your Metabolism Makeover*. Because medical authority legitimizes dieting as treatment and LC classifies fad diets in this section, fad diets gain legitimacy, even if they are not written by scientists or doctors. Furthermore, RM222.2 also houses books about the science, psychology, and effects of dieting, resulting in a conflict between books about dieting as a legitimate health practice and those about the ineffectiveness of diets and how they work against the individual's health. (Also of note: *The Obsession: Reflections on the Tyranny of Slenderness* does not even seem to be accurately classified, as this book covers not just dieting but also social stigma and eating disorders.)

Negative Case Analysis

***Fat is a Feminist Issue / Fat is a Feminist Issue II* (RC552.O25)**

These texts seem to be based in women's and gender studies, so it would follow that they might better fit within H (Social Sciences); however, their contents actually contradict this. At first glance, they appear fat-positive, particularly because they invoke feminism, a progressive movement which seeks political, social, and economic rights for women. One might assume, by the titles alone, that these books would also advocate for fat rights; on the contrary, the author argues that women are fat because of the oppression they face and that we can fight the resultant compulsion to eat:

> Fat is a social disease, and fat is a feminist issue. Fat is *not* about lack of self-control or lack of will power…It is a response to the inequality of the sexes…While becoming fat does not alter the roots of sexual oppression, an examination of the underlying causes or unconscious motivation that lead [*sic*] women to compulsive eating suggests new treatment possibilities. Unlike most weight-reducing schemes, our new therapeutic approach does not reinforce the oppressive social roles that lead women into compulsive eating in the first place. What is it about the social position of women that leads them to respond to it by getting fat? (Orbach, 1979, p. 6)

Orbach still frames fatness as a "disease" to be "treated." She even goes so far as to say that women are "motivated" to eat more and "respond" to their oppression "by getting fat." This use of language implies that women choose to get fat, and she presents this book as a solution to this problem, a "therapeutic approach" to weight loss. The need for treatment suggests that fat is unhealthy and requires reduction, a staple of both the Medical frame and the fat-negative attitude. The book is *about* the psychological treatment of compulsive eating, a decidedly medical topic; therefore, its placement in R is logical. Contrary to my initial supposition, the true issue lies in where *in medicine* it fits.

Compulsive eating has its own class number (RC552.C65); yet, because the title contains "fat," the cataloger assigned *Obesity—Psychological aspects* as the primary heading. Because catalogers take the title from the preferred source according to the Resource Description and Access (RDA) guidelines, the title page serves as the source for the title proper (RDA 2.2.2.2). The title proper is thus *Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss*. Since this title centers weight loss as major topic, *Weight loss—Psychological aspects* becomes the secondary heading. The cover title, on the other hand, centers compulsive eating: *Fat is a Feminist Issue: a Self-Help Guide for Compulsive Eaters*. The author *does* center fatness as the primary topic of the book, so RC552.O25 ultimately makes the most sense according to the book's *aboutness*. However, this book illustrates the issue of hierarchical oppression described above. By treating fatness itself as a neurosis, LCC describes "obesity" as its own kind of eating disorder, rather than as a *symptom* of other eating disorders such as compulsive eating.

Minimizing Harm

This study does not suggest that all texts in medical disciplines should be fat-negative and all texts in social sciences should be fat-positive. It does show, however, that even with a variety of attitudes, LCSH and LCC place sociological fat texts only within medicine because no non-medical headings or class numbers exist for fatness. I contend that library professionals are responsible for furthering social justice for fat people by combating these limitations, whether that means local changes to subject headings and placement or challenging the standards themselves and proposing new standards for fat topics.

In *Queering the Catalog* (2013), Emily Drabinski "challenges the idea that classification and subject language can ever be corrected once and for all" (p. 96). She argues that past harms should remain visible—that correcting subject language and classification reinforces the idea that library knowledge systems are authoritative, neutral, objective, and without fault. Drabinski proposes that leaving these systems uncorrected makes them a site for resistance. Should fat literature, therefore, be kept in medicine so that these harms remain visible? I contend that this does not further social justice for fat people but rather perpetuates the harmful narrative that the only way to view fatness is as a medical issue. Drabinski errs in assuming that critical cataloging work seeks a "stable, universal, objective knowledge organization system" that will never need change again once reached (p. 104); critical cataloging seeks better representation for marginalized groups, not objectivity. Therefore, correcting subject language and classification is necessary ongoing work to advance social justice.

With the lack of other commonly accepted ways to term fatness, even if catalogers proposed revisions, the subject editorial meeting would likely find the utility of the new terms very low for providing easier access to patrons. Under the current paradigm, classing them all together allows library users to find all books related to fatness; however, what harm might this cause for fat people? If one browses the medical sections for books on positive body image, one finds these directly next to books about "obesity" as a "disease." The library may cause more harm in choosing to prioritize ease of access over minimizing the stigmatization of fat people. Some might argue that conflicting attitudes and narratives about fatness and dieting shelved together provides all alternative ways of viewing it, allowing the patron to decide the perspective with which

they most agree. Yet, since these information organization standards align with and uphold the dominant medical and public health paradigms, the fat-neutral and fat-positive alternatives might actually be overshadowed and even erased.

Erasure remains a potential issue even in the reclassification of fat books without specific classes for fat topics. In my recommendation to place memoirs and self-help books in body image, fatness could become of secondary importance. To avoid erasing fatness from these books, the record could still include the problematic fat heading, until proper changes can be implemented to LCSH and LCC; this would keep them out of medical class numbers. On the other hand, body image, as only one facet of the experience of being fat, does not account for the whole of these books. Nevertheless, because of the nature of classification systems, one primary topic must ultimately define the book for placement. Thus, catalogers must make sure the topic chosen to represent a book does not cause harm.

Conclusion

The fat books in these four medical class numbers in Davis Library demonstrate the medicalization of fatness and the erasure of fatness as a social and political phenomenon. Library systems thus seem to reflect and reinforce broader societal framings of fat as a health issue. Information organization practices lag behind in social justice efforts for fat people; the standards even treat the fat acceptance movement as a medical topic—a *neurosis*. The data in this study may illustrate more issues of LCSH and LCC than I have been able to discuss here due to scope and time constraints; however, I plan to revisit this data and explore the nuances more fully in future research.

This study advances the work begun by Angell and Price (2012), providing more concrete evidence for the need for new subject headings and a class for fat studies materials and other fat materials in sociological disciplines. Catalogers may have an interest in these results in that they may see this as an issue worth addressing through classification and subject proposals and reclassification projects; however, this work would be costly and time-consuming. In and of itself, this study cannot produce change to the system, but it can possibly provide evidence that change is necessary. Simply bringing awareness to the issue through this research could spur work towards change by patrons and catalogers alike. Moreover, this study has implications for collection development and weeding practices. The data show the need for more and better coverage of fat-neutral and fat-positive materials as well as more representation of the

Health at Every Size framework in medical practice. It may also inform questions of whether easy access to older medical texts is necessary for patrons. Perhaps, alternative practices can mitigate the harm perpetuated by older medical conceptions of fatness.

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Appendix A. List of Items Analyzed

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Diet Nation: Exposing the Obesity Crusade	RA645.O23 B37 2006	*Fat-Neutral* Sociocultural Meta-frame	*H – Social Sciences* Obesity $x Social aspects
Biopolitics and the 'Obesity Epidemic': Governing Bodies	RA645.O23 B56 2009	*Fat-Neutral* Sociocultural	*H – Social Sciences* Obesity $x Social aspects
Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do About It	RA645.O23 B76 2004	*Fat-Negative* Medical Immorality Public Health Crisis Sociocultural Biology	*R – Medicine* Obesity $z United States
Fat Land: How Americans Became the Fattest People in the World	RA645.O23 C75 2003	*Fat-Negative* Medical Immorality Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $z United States
Fatness and the Maternal Body: Women's Experiences of Corporeality and the Shaping of Social Policy	RA645.O23 F37 2011	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity in women

[1] Titles marked with ♦ are memoirs.

[2] These call numbers are specific to Davis Library at UNC. *Note*: Dates in brackets were not included as part of the call number; these dates were gleaned from publication or copyright information on the title page verso.

[3] Books about psychological *treatment* remain in medicine.

Title[1]	**Call Number**[2]	***Attitude*** **Fat Frame(s)**	***Suggested Class***[3] **Primary Heading**
The Fat Studies Reader	RA645.O23 F55 2009	*Fat-Positive* HAES Fat as Beauty Fat Rights Sociocultural Biology Meta-frame	*H – Social Sciences* Obesity $x Social aspects
The Fattening of America: How the Economy Makes Us Fat, If It Matters, and What to Do About It	RA645.O23 F56 2008	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity
Fat: A Cultural History of the Stuff of Life	RA645.O23 F67 2019	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
The End of the Obesity Epidemic	RA645.O23 G366 2011	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Epidemiology
The Obesity Epidemic: Science, Morality, and Ideology	RA645.O23 G37 2005	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity
Ever Seen a Fat Fox? Human Obesity Explored	RA645.O23 G53 2016	*Fat-Negative* Medical Immorality Public Health Crisis Personal Responsibility Sociocultural	*R – Medicine* Obesity $x Social aspects
Interpreting Weight: The Social Management of Fatness and Thinness	RA645.O23 I55 1999	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
Obesity Among California Adults: Racial and Ethnic Differences	RA645.O23 L44 2006	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural	*R – Medicine* Obesity $x Social aspects

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Fat Chance: Beating the Odds Against Sugar, Processed Food, Obesity, and Disease	RA645.O23 L873 2013	*Fat-Negative* Medical Public Health Crisis Sociocultural Biology	*R – Medicine* Obesity $z United States
Fat Politics: The Real Story Behind America's Obesity Epidemic[4]	RA645.O23 O45 2006	*Fat-Neutral* HAES Sociocultural Biology Meta-frame	*H – Social Sciences* Obesity $z United States
The Oxford Handbook of the Social Science of Obesity	RA645.O23 O96 2011	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $x Social aspects
What's Wrong with Fat?	RA645.O23 S24 2013	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
XXL: Obesity and the Limits of Shame	RA645.O23 S43 2011	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural Biology	*R – Medicine* Obesity $x Government policy
Weighty Issues: Fatness and Thinness as Social Problems	RA645.O23 W45 1999	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
Behavioral Approaches to Weight Control[5]	RC552.O25 A27 [1977]	*Fat-Negative* Medical Personal Responsibility Psychology	*R – Medicine* Weight loss $x Psychological aspects

[4] While this text does not explicitly state that it views fatness according to the Health at Every Size frame, the author does express one of the fundamental principles of HAES in their own words: "There is, however, little evidence that obesity itself is a primary *cause* of our health woes. In other words, telling most Americans they need to worry about their weight is like telling someone dying of pneumonia that they need to worry about how much they are coughing; it conflates the real source of our health problems with a relatively benign symptom" (p. 2). Consequently, I have taken the liberty of assigning the HAES frame to this text.

[5] Assigning a blame frame to this text proved difficult. In the introduction, the authors discussed a variety of theories about the causes of obesity. External characteristics and cues were discussed using medical terminology in such a way that it did not seem to align with Sociocultural or even Personal

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Women Afraid to Eat: Breaking Free in Today's Weight-Obsessed World	RC552.O25 B47 2000	*Fat-Positive* HAES Fat as Beauty Sociocultural Meta-frame	*H – Social Sciences* Overweight women $x Psychology
Bodies Out of Bounds: Fatness and Transgression	RC552.O25 B63 2001	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
Counselling for Obesity: Person-Centred Dialogues	RC552.O25 B79 2005	*Fat-Negative* Medical Public Health Crisis Personal Responsibility	*R – Medicine* Overweight persons $x Counseling of
Cognitive-Behavioral Treatment of Obesity: A Clinician's Guide	RC552.O25 C66 2003	*Fat-Negative* Medical Personal Responsibility Psychology	*R – Medicine* Obesity $x Treatment
Fat Matters: From Sociology to Science	RC552.O25 F38 2010	*Fat-Negative* Medical Personal Responsibility Sociocultural Psychology Meta-frame	*H – Social Sciences* Obesity
The Fat Lady Sings: A Psychological Exploration of the Cultural Fat Complex and its Effects	RC552.O25 F85 2017	*Fat-Positive* HAES Fat Rights Sociocultural Meta-frame	*R – Medicine* Obesity $x Psychological aspects
The Hyper(in)visible Fat Woman: Weight and Gender Discourse in Contemporary Society	RC552.O25 G35 2014	*Fat-Positive* Fat Rights Meta-frame	*H – Social Sciences* Obesity in women

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Responsibility frames. The authors seemed to emphasize emotional and psychosocial dimensions which are rooted within the individual and over which the individual can supposedly exert some control. Treatment hinged on the individual making changes to "reduce the frequency of occurrence of the various external cues that cause eating, thereby decreasing food consumption" (p.10). Thus, I settled on Personal Responsibility and the newly proposed Psychology frame.

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Fat Boys: A Slim Book	RC552.O25 G54 2004	*Fat-Neutral* Meta-frame	*H – Social Sciences* Overweight men
Passing for Thin: Losing Half my Weight and Finding Myself♦	RC552.O25 K84 2004	*Fat-Negative* No obvious frame	*BF – Psychology* *Body Image* Overweight women $z United States $v Biography
I'm Not the New Me: A Memoir♦	RC552.O25 M396 2005	*Indecipherable* No obvious frame	*BF – Psychology* *Body Image* Overweight women $z United States $v Biography
Such a Pretty Face: Being Fat in America	RC552.O25 M54 1980	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Psychological aspects
Fat Girl: A True Story♦	RC552.O25 M66 2005	*Fat-Neutral* No obvious frame	*BF – Psychology* *Body Image* Overweight women $v Biography
Psychological Aspects of Obesity: A Handbook	RC552.O25 O23 [1982]	*Fat-Negative* Medical Biology Psychology	*R – Medicine* Obesity $x Psychological aspects
Fat is a Feminist Issue: The Anti-Diet Guide to Permanent Weight Loss[6]	RC552.O25 O7 [1979]	*Fat-Negative*[7] Sociocultural Meta-frame	*R – Medicine* Obesity $x Psychological aspects
Fat is a Feminist Issue II: A Program to Conquer Compulsive Eating	RC552.O25 O7 1982	*Fat-Negative* Sociocultural Meta-frame	*R – Medicine* Obesity $x Psychological aspects

[6] Cover title: *Fat is a Feminist Issue: A Self-Help Guide for Compulsive Eaters*

[7] *Fat is a Feminist Issue* is one of the most contradictory texts analyzed. It seems to be fat-positive at first glance but simultaneously promotes weight reduction and still conforms to weight-normativity, which are characteristics of fat-negative attitudes.

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
The World is Fat: The Fads, Trends, Policies, and Products that are Fattening the Human Race	RC552.O25 P67 2009	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural	*H – Social Sciences* Obesity
Eating Behaviour Personality Traits and Body Mass	RC552.O25 S77 1986	*Fat-Negative* Medical Psychology	*R – Medicine* Obesity $x Psychological aspects
Fat—A Fate Worse than Death? Women, Weight, and Appearance	RC552.O25 T48 1997	*Fat-Positive* Fat as Beauty Fat Rights Meta-frame	*H – Social Sciences* Obesity $x Psychological aspects
The Elephant in the Room: One Man's Quest to Get Smaller in a Growing America♦	RC552.O25 T66 2019	*Fat-Negative* Medical Personal Responsibility	*BF – Psychology* *Body Image* Overweight persons $z North Carolina $v Biography
The Overeaters: Eating Styles and Personality	RC552.O25 W57 [1979]	*Fat-Negative* Medical Psychology	*R – Medicine* Obesity $x Psychological aspects
The Owl Was a Baker's Daughter: Obesity, Anorexia Nervosa, and the Repressed Famine	RC552.O25 W66 [1980]	*Fat-Negative* Medical Psychology	*BF – Psychology* *Body Image* Obesity $x Psychological aspects
Food Choice and Obesity in Black America: Creating a New Cultural Diet	RC628 .B282 2006	*Fat-Negative* Medical Sociocultural	*H – Social Sciences* Obesity $z United States
Fat & Thin: A Natural History of Obesity	RC628 .B357 1977	*Fat-Negative* Medical Biology Psychology	*R – Medicine* Obesity

Title[1]	**Call Number**[2]	***Attitude*** **Fat Frame(s)**	***Suggested Class***[3] **Primary Heading**
The Anthropology[8] of Obesity in the United States	RC628 .B358 2016	*Fat-Negative* Medical Sociocultural Biology	*GN – Anthropology* Obesity $z United States
Obesity: Cultural and Biocultural Perspectives[9]	RC628 .B657 2011	*Fat-Neutral* Meta-frame	*GN – Anthropology* Obesity $x Social aspects
Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within	RC628 .B72 [1973]	*Fat-Negative* Medical Sociocultural Biology Psychology	*R – Medicine* Obesity $x Psychological aspects
Debating Obesity: Critical Perspectives	RC628 .D428 2011	*Fat-Neutral* HAES Meta-frame	*H – Social Sciences* Obesity
Fat: The Anthropology of an Obsession	RC628 .F33 2005	*Fat-Neutral* Meta-frame	*GN – Anthropology* Obesity $x Social aspects
Fat China: How Expanding Waistlines are Changing a Nation	RC628 .F738 2010	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural	*H – Social Sciences* Obesity $z China
Geographies of Obesity: Environmental Understandings of the Obesity Epidemic	RC628 .G476 2010	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural	*H – Social Sciences* Obesity $x Epidemiology
Fat: A Cultural History of Obesity	RC628 .G55 2008	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects $x History

[8] LCC even has its own class for Anthropology (GN) but because ‘obesity’ is only given one place within LCC, an anthropological work about it gets put in Medicine instead. This begs the question, does medical anthropology belong in GN or R? I am not sure, but I doubt a work on medical anthropology belongs in the class for Internal Medicine (RC).

[9] This text seems very contradictory; it simultaneously uses medicalizing language (‘obesity’ and ‘epidemic’) while also recognizing the need for social justice. While the author’s ideas were couched within medical language, there seems to be intention to investigate the various facets of ‘obesity’ from a neutral standpoint, even if it does not quite achieve neutrality. Thus, I still categorize it as fat-neutral.

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Fat-Talk Nation: The Human Costs of America's War on Fat	RC628 .G743 2015	*Fat-Positive* Fat Rights Meta-frame	*H – Social Sciences* Weight loss $z United States
Fat, Gluttony and Sloth: Obesity in Medicine, Art and Literature[10]	RC628 .H38 2009	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Biology Meta-frame	*H – Social Sciences* Obesity $x History
Health and Obesity	RC628 .H4 1983	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Biology	*R – Medicine* Obesity
Fat Blame: How the War on Obesity Victimizes Women and Children	RC628 .H47 2014	*Fat-Positive* Fat Rights Sociocultural Meta-frame	*H – Social Sciences* Discrimination against overweight persons $z United States
The Obesity Culture: Strategies for Change: Public Health and University-Community Partnerships	RC628 .J64 2009	*Fat-Negative* Medical Public Health Crisis Sociocultural	*R – Medicine* Obesity
Fatness and Health Dynamics: Indian Scenario	RC628 .K344 2018	*Fat-Negative* Medical Public Health Crisis Sociocultural	*R – Medicine* Obesity $x Epidemiology
The Psychology of Obesity: Dynamics and Treatment	RC628 .K5 [1973]	*Fat-Negative* Medical Public Health Crisis Sociocultural Biology Psychology	*R – Medicine* Obesity $x Psychological aspects

[10] While 'gluttony' and 'sloth' are present in the title of this text, it is not clear that the authors subscribe to the Immorality problem frame. Rather, it seems they analyze the conceptions of fatness as immoral historically.

Title[1]	**Call Number**[2]	***Attitude*** **Fat Frame(s)**	***Suggested Class***[3] **Primary Heading**
Overweight and Obesity: An Anthropological Paramount	RC628 .K59 2016	*Fat-Negative* Medical Public Health Crisis Sociocultural	*GN – Anthropology* Obesity $z India $z Bastar (District)
Framing Fat: Competing Constructions in Contemporary Culture	RC628 .K95 2013	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects $z United States $x History
Overweight: Causes, Cost, and Control	RC628 .M37 [1968]	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural Biology Psychology	*R – Medicine* Obesity
Food, Eating, and Obesity: The Psychobiological Basis of Appetite and Weight Control	RC628 .M455 1998	*Fat-Neutral* Sociocultural Biology Psychology	*R – Medicine* Obesity $x Physiological aspects
Men and the War on Obesity: A Sociological Study	RC628 .M596 2008	*Fat-Positive* Fat Rights Sociocultural Meta-frame	*H – Social Sciences* Obesity $x Social aspects
O, Brave Fat World: Cultural Aspects of Overweight and Obesity in the U.S.A.	RC628 .O2 2005	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $x Social aspects $z United States $v Congresses
Obesity	RC628 .O213 [1980]	*Fat-Negative* Medical Personal Responsibility Sociocultural Biology Psychology	*R – Medicine* Obesity
Obesity and the Family	RC628 .O228 1984	*Fat-Neutral* Sociocultural Psychology	*H – Social Sciences* Obesity $x Psychological aspects

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Obesity: Causes, Mechanisms, Prevention, and Treatment	RC628 .O245 2008	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural Biology Psychology	*R – Medicine* Obesity $x Etiology
Obesity Prevention and Public Health	RC628 .O2935 2005	*Fat-Negative* Medical Public Health Crisis Sociocultural	*R – Medicine* Obesity $x Prevention
Obesity Epidemiology: From Aetiology to Public Health[11]	RC628 .O2935 2010	*Fat-Negative* Medical Public Health Crisis Sociocultural	*R – Medicine* Obesity $x Prevention
Handbook of Obesity Treatment	RC628 .O32 2002	*Fat-Negative* Medical Public Health Crisis Personal Responsibility Sociocultural	*R – Medicine* Obesity
The Evolution of Obesity	RC628 .P65 2009	*Fat-Negative* Medical Public Health Crisis Sociocultural Biology	*R – Medicine* Obesity
Fat in the Fifties: America's First Obesity Crisis	RC628 .R37 2019	*Indecipherable* Meta-frame	*H – Social Sciences* Obesity $z United States $x History $y 20th century
The Energy Glut: Climate Change and the Politics of Fatness[12]	RC628 .R63 2010	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $x Epidemiology
Feeding the Hungry Heart: The Experience of Compulsive Eating	RC628 .R67 1983	*Fat-Neutral* HAES Psychology	*BF – Psychology* *Body Image* Compulsive eating $v Anecdotes

[11] Second edition of *Obesity Prevention and Public Health*
[12] Cover title: *The Energy Glut: the Politics of Fatness in an Overheating World*

Title[1]	Call Number[2]	*Attitude* **Fat Frame(s)**	*Suggested Class*[3] **Primary Heading**
Weights & Measures: What Employers Should Know about Obesity	RC628 .R67 2008	*Fat-Negative* Medical Public Health Crisis Personal Responsibility	*R – Medicine* Health promotion $z United States
Obesity in America, 1850–1939: A History of Social Attitudes and Treatment	RC628 .S438 2008	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $z United States $x History $y 19th century
The Fat Girl's Guide to Life	RC628 .S4685 2004	*Fat-Positive* Fat Rights	*BF – Psychology* *Body Image* Overweight women
The Hungry Gene: The Science of Fat and the Future of Thin	RC628 .S48 2002	*Fat-Negative* Medical Public Health Crisis Sociocultural Biology	*H – Social Sciences* Obesity $v Popular works
Heavy: The Obesity Crisis in Cultural Context	RC628 .S494 2016	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects
Slim Chance Fat Hope: Society's Obsession with Thinness	RC628 .S636 2004	*Indecipherable* Sociocultural Biology	*H – Social Sciences* Obesity
Fat Tactics: The Rhetoric and Structure of the Fat Acceptance Movement	RC628 .S6413 2019	*Fat-Positive* Fat Rights Meta-frame	*H – Social Sciences* Discrimination against overweight persons
Obesity among Poor Americans: Is Public Assistance the Problem?	RC628 .S6415 2009	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $z United States $x Etiology
Metabolic Living: Food, Fat, and the Absorption of Illness in India	RC628 .S656 2016	*Indecipherable* Sociocultural	*GN – Anthropology* Obesity $z India

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
The Pain of Obesity	RC628 .S85 [1976]	*Fat-Negative* Medical Psychology	*R – Medicine* Obesity $x Psychological aspects
Globesity: A Planet Out of Control?	RC628 .T6813 2009	*Fat-Negative* Medical Public Health Crisis Sociocultural	*H – Social Sciences* Obesity $v Popular works
You Have the Right to Remain Fat	RC628 .T683 2018	*Fat-Positive* Fat as Beauty Fat Rights	*H – Social Sciences* Overweight women
The Metamorphoses of Fat: A History of Obesity	RC628 .V5413 2013	*Fat-Neutral* Meta-frame	*H – Social Sciences* Obesity $x Social aspects $x History
The Atkins Diet and Philosophy: Chewing the Fat with Kant and Nietzsche[13]	RM222.2 .A837 2005	*Fat-Neutral* Meta-frame	*R – Medicine* Reducing diets
Dr. Atkins' New Diet Revolution	RM222.2 .A843 1997	*Fat-Negative* Medical Personal Responsibility Biology	*R – Medicine* Reducing diets
Dr. Atkins' New Diet Revolution	RM222.2 .A843 1999	*Fat-Negative* Medical Personal Responsibility Biology	*R – Medicine* Low-carbohydrate diet
How We Lost Weight & Kept It Off!	RM222.2 .B355 1979	*Fat-Negative* Medical Immorality Personal Responsibility	*R – Medicine* Weight loss $x Religious aspects $x Christianity
The Dieter's Dilemma: Eating Less and Weighing More	RM222.2 .B443 1982	*Fat-Positive* HAES Biology Psychology	*R – Medicine* Reducing diets

[13] While this text is about the philosophy of dieting, specifically looking at the Atkins Diet, it makes sense to be classed with the diet book itself.

Title[1]	**Call Number**[2]	***Attitude*** **Fat Frame(s)**	***Suggested Class***[3] **Primary Heading**
The Obesity Myth: Why America's Obsession with Weight is Hazardous to Your Health	RM222.2 .C27535 2004	*Fat-Positive* Fat Rights Sociocultural Meta-frame	*H – Social Sciences* Weight loss $z United States
The Obsession: Reflections on the Tyranny of Slenderness	RM222.2 .C47 1994	*Fat-Positive* Fat Rights Sociocultural Meta-frame	*H – Social Sciences* Weight loss $x Social aspects
Calories & Corsets: A History of Dieting over 2,000 Years	RM222.2 .F69 2011	*Fat-Positive* Fat Rights Sociocultural Meta-frame	*H – Social Sciences* Weight loss $x History
Losing It: America's Obsession with Weight and the Industry that Feeds on It	RM222.2 .F696 1997	*Fat-Neutral* Meta-frame	*H – Social Sciences* Weight loss $x Social aspects $z United States
The Psychology of Dieting	RM222.2 .G53 1989	*Fat-Neutral* Meta-frame	*BF – Psychology* *Body Image* Weight loss $x Psychological aspects
French Women Don't Get Fat	RM222.2 .G785 2004	*Fat-Negative* Medical Personal Responsibility Biology Psychology	*R – Medicine* Reducing diets
French Women for All Seasons: A Year of Secrets, Recipes, & Pleasure	RM222.2 .G7854 2006	*Fat-Negative* Medical Personal Responsibility Biology Psychology	*R – Medicine* Reducing diets
The Ultimate Diet Revolution: Your Metabolism Makeover	RM222.2 .K3376 2015	*Fat-Negative* Medical Personal Responsibility Biology	*R – Medicine* Reducing diets

Title[1]	**Call Number**[2]	***Attitude*** **Fat Frame(s)**	***Suggested Class***[3] **Primary Heading**
The Rotation Diet	RM222.2 .K347 1986	*Fat Negative* Medical Personal Responsibility Biology	*R – Medicine* Low-calorie diet
Rethinking Thin: The New Science of Weight Loss—and the Myths and Realities of Dieting	RM222.2 .K576 2007	*Fat-Positive* HAES Fat Rights Sociocultural Biology Meta-frame	*H – Social Sciences* Weight loss $x Psychological aspects
Secrets from the Eating Lab: The Science of Weight Loss, the Myth of Willpower, and Why You Should Never Diet Again	RM222.2 .M3257 2015	*Fat-Positive* HAES Biology Psychology	*R – Medicine* Reducing diets $x Social aspects
Fat Chance! The Myth of Dieting Explained	RM222.2 .O35 1992	*Fat-Positive* Biology Psychology Meta-frame	*R – Medicine* Weight loss
No Fat Chicks: How Big Business Profits by Making Women Hate Their Bodies—and How to Fight Back	RM222.2 .P67 1997	*Fat-Positive* Fat Rights Sociocultural Biology Psychology Meta-frame	*H – Social Sciences* Weight loss
The Psychological Dieter: It's Not All About the Calories	RM222.2 .P74 2008	*Fat-Negative* Medical Biology Psychology	*R – Medicine* Reducing diets $x Psychological aspects
Never Too Thin: Why Women Are at War with Their Bodies	RM222.2 .S4 1989	*Fat-Positive* Meta-frame	*H – Social Sciences* Weight loss $x Social aspects $z United States
Dr. Shapiro's Picture Perfect Weight Loss	RM222.2 .S469 2000	*Fat-Negative* Medical Personal Responsibility	*R – Medicine* Weight loss

Title[1]	Call Number[2]	*Attitude* Fat Frame(s)	*Suggested Class*[3] Primary Heading
Fat History: Bodies and Beauty in the Modern West	RM222.2 .S755 1997	*Fat-Neutral* Sociocultural Meta-frame	*H – Social Sciences* Weight loss $z United States $x History
Women and Dieting Culture: Inside a Commercial Weight Loss Group	RM222.2 .S842 2001	*Fat-Neutral* Meta-frame	*H – Social Sciences* Weight loss $x Social aspects
Act Thin, Stay Thin: New Ways to Lose Weight and Keep It Off	RM222.2 .S86 1978	*Fat-Negative* Medical Personal Responsibility	*R – Medicine* Weight loss $x Psychological aspects
Weighing the Options: Criteria for Evaluating Weight-Management Programs	RM222.2 .W2967 1995	*Fat-Negative* Medical Public Health Crisis Personal Responsibility	*R – Medicine* Reducing diets $x Evaluation

Appendix B. Coding Guides

Problem Frames

Problem Frame	Description	Example
Medical	☐ Weight-normative ☐ Higher body weight directly correlated to bad health ☐ Fatness as a disease, treated through weight loss *Note*: Use of medical terms "obesity," "overweight," "obesogenic," etc. without qualification or reference to the medicalizing nature of the terms is typically Medical.	"Numerous epidemiologic, metabolic, and cardiopulmonary studies have identified obesity as one of the common public health problems plaguing peoples of affluent society…This volume provides a comprehensive review of the current understanding of the complex interacting causative factors in obesity. Some of the disciplines involved range widely from physiology, biochemistry, neuropsychiatry, calorie, and nutrition." (Kuo et al., 1983, p. ix)
Immorality	☐ Fatness as *personal* moral failing ☐ Craving and self-indulgence as signs of poor character ☐ Fatness associated with laziness ☐ Presence of religious language or scripture ☐ Appeals to cultivating faith and strength of virtue AND/OR ☐ Health as *social* moral imperative ☐ Sociocultural environment breeds self-indulgence and laziness ☐ Appeals to protect people (especially children) from 'perils' of fatness	"Because we believe that prosperity in health is God's desire and the inheritance of every Christian, we want to share our discoveries with you…much sickness can be avoided through good nutrition, exercise, and proper care of the body, which is the 'temple of the Holy Spirit.'" (Bakker & Bakker, 1979, p. ix) "The responsibility to protect children is deeply ingrained in American morality. Children need protection from a food and activity environment that is out of control." (Brownell & Horgen, 2004, p. 18)

Problem Frame	Description	Example
Public Health Crisis	☐ Fat bodies as inherently unhealthy ☐ Not just an individual problem, but one that affects entire population, medically and economically ☐ Crisis language and sense of urgency ☐ Calls for raising public awareness ☐ Emphasis on treatment and prevention ☐ Always accompanied by a Medical frame	"The burden of adult obesity is not just borne by the individual; it ultimately exacts tolls on the family, health care system, taxpayers, and the workplace." (Lee, 2006, p. 3) "[Obesity] kills more people in the developed world than terrorism, climate change or war." (Haslam & Haslam, 2009, p. 1)
Health at Every Size (HAES)[1]	☐ Weight-inclusive ☐ BMI not reliable ☐ Problematizes medical and public health crisis framings rather than fatness itself ☐ Attends to all aspects of wellbeing (physical, emotional, spiritual, mental) ☐ Weight as a symptom of other underlying health issues ☐ Emphasizes body diversity	"Indeed, there is a real need to think about people and their health not simply in terms of weight categorised bodies, but, rather, as 'lived bodies'...who interact, think, feel and sometimes hurt deeply." (Rich et al., 2011, p. 21)
Fat as Beauty	☐ Argues that fatness is not a problem ☐ Suggests that notions of beauty culturally exclude fat people ☐ Emphasizes body diversity	"People come in different sizes and shapes. And that's okay." (Berg, 2000, p. 28) "…the idea is not to see beyond the wrinkles or the skin of different color, but to see those wrinkles and that skin color themselves as beautiful, worthy of our respect, attention, and admiration." (Thone, 1997, p. xv)

[1] A text does not have to explicitly state support for HAES itself; rather, it can subtly express HAES principles and thus be considered to be using a HAES fat frame.

Problem Frame	Description	Example
Fat Rights	◻ Fat people face discrimination and rights-based challenges, many of which intersect with other marginalized identities ◻ Promotes fat-acceptance ◻ Demands respectful treatment for fat people ◻ Advocates for access to accommodations for larger bodies ◻ Emphasizes body diversity & size acceptance ◻ Uplifting fat voices and perspectives ◻ Rejection of guilt & shame ◻ Social justice orientation	"...explores how and why Americans who would never dream of consciously allowing themselves to be disgusted by someone's skin color, or religion, or social class, often feel no compunction about expressing the disgust elicited in them by the sight of people who weigh anything from a lot to a little more than our current absurdly restrictive cultural ideal" (Campos, 2004, pp. xxiii-xxiv)
Meta-frame[2]	◻ Analyzes construction of fat frames ◻ Investigates concept of fatness according to these fat frames ◻ Explores implications of fat frames ◻ Does not necessarily privilege any specific fat frames over others as more correct ◻ Not mutually exclusive with problem or blame frames ◻ Need not be accompanied by problem or blame frames *Note:* The meta-frame is neither a problem nor a blame frame.	"I seek to answer the following questions: How do women of size negotiate a cultural landscape that is increasingly antifat? What impact does the 'war on obesity' have on the way fat women are positioned in society? What are women's perspectives about their size, health, and body image? And how does that impact their sexuality and identity?" (Gailey, 2014, p. 4)
Indecipherable	*Note:* Reserved for memoirs or other texts that do not seem to show endorsement for one frame or another, at least not expressly. Applies to both problem and blame frames.	

[2] Not present in Saguy's work; rather, her work *is itself* a meta-frame of how fatness is framed.

Blame Frames

Blame Frame	**Description**	**Example**
Personal Responsibility	◻ Individuals make bad choices that lead to fatness ◻ Poor diet, sedentary lifestyle as *individual* choices & bad habits Solution: behavioral changes (dieting/exercise)	"This book will concern itself with individuals who misuse the eating function in their efforts to solve or camouflage problems of living that to them appear otherwise insoluble." (Bruch, 1973, p.3) "Fat people themselves will have a role in their own extinction." (Haslam & Haslam, 2009, p. 3)
Sociocultural	◻ Weight increase as a result of factors *outside of individual's control* ◻ Blames food industry, social / financial constraints, environment, and *cultural* habits ◻ May still operate under the assumption that "fat is bad," though not always ◻ Solution: behavioral changes (dieting/exercise) *and* adjusting sociocultural values	"Sure, obesity is bad for your health, but the fact remains that good diet and exercise are extremely difficult to sustain, especially in today's environment." (Finkelstein & Zuckerman, 2008, p. xiii) "Obesity is more than a disease. It is an indicator of an underlying problem that is rooted in the structure and fabric of society and in the culture itself." (Johnston & Harkavy, 2009, p. 2)

Blame Frame	Description	Example
Biology	☐ Fatness linked to genetics & evolutionary biology ☐ Emphasizes Set Point Theory ☐ Can often portray fat people as helpless victims; weight *outside of individual's control* ☐ May still operate under the assumption that "fat is bad," though not always ☐ Solution: body acceptance (fat-neutral/fat-positive contexts); none (fat-negative contexts)	"I understand that we all have an image in our mind about what we want to weigh. The problem is that for many of us, the image is outside of our biologically set weight range." (Mann, 2015, p. xi) "To some extent, at least, these differences are probably due to differences in the individual's internal metabolic engine—differences that may have their origins in the structural and anatomical design of the body and its fuel-burning machinery…" (Beller, 1977, p. 12)
Psychology[1]	☐ Fatness is the result of various environmental stimuli that interact with individual's emotional, cognitive, and neurochemical mechanisms ☐ Individual behavioral choices are influenced by forces outside of one's control ☐ Can often portray fat people as helpless victims; weight *outside of individual's control* ☐ May still operate under the assumption that "fat is bad," though not always ☐ Solution: psychological treatment (fat-negative contexts), improving body image and self-acceptance (fat-positive/fat-neutral contexts) *Note:* The Psychology blame frame is essentially the interaction between neurochemistry (Biology) and environmental triggers (Sociocultural) and how they impact individual behavior patterns.	"I saw that I needed to work from the 'inside out,' from my feelings, my dreams, my angers, rather than from the "outside in," which began with my body. Being fat, it seemed, was fulfilling certain needs, and unless I dealt with those needs, I could lose weight many times and gain it back just as often in order to continue meeting those needs. I learned that I couldn't take away compulsive eating unless I replaced it with understanding and acceptance." (Roth, 1982, p. 4)

[1] Not present in Saguy's work; rather I propose it as a new frame as a result of this research.

Attitudes

Attitude	Description	Example
Fat-Negative	*Associated Frames*[2] ☐ Medical ☐ Immorality ☐ Public Health Crisis ☐ Personal Responsibility ☐ Sociocultural ☐ Biology ☐ Psychology *Characteristics* ☐ Fat as bad ☐ Alarmist, emotionally charged language ☐ Fat as a character flaw ☐ Paternalistic "empathy" or "concern" towards fat people ☐ Fatness as a disease that needs treatment ☐ Weight reduction as "treatment" ☐ Conflation of overweight and obesity ☐ Reliance on BMI as a measure of health *Note:* To be fat-negative, references to weight reduction are dependent on a context that assumes all forms of fat are inherently unhealthy, rather than just the extremes of the weight spectrum.	"I fully accept that overweight and obesity together represent one of the most important and challenging areas facing global public health nutrition, that excess body weight is a global pandemic and rapidly rising in the emerging economies, that it is a major contributor to non-communicable diseases such as diabetes, hypertension and heart disease and that it is a major drain on national health service costs." (Gibney, 2016, pp. xi-xii) "In America as an exchange student, I suffered a catastrophe that I was totally unprepared for: a twenty-pound catastrophe. It sent me into a wilderness from which I had to find my way back…[the author's doctor] led me to rediscover my hereditary French gastronomic wisdom and to recover my former shape. (Yes, this is an American story, too, a parable of fall and redemption.)" (Guiliano, 2004, p. 4)

[2] Fat-negative texts *almost never* perform any sort of meta-analysis of how we frame or construct fatness; therefore I do not include Meta-frame here. However, it is not impossible for a Meta-frame to be present in a fat-negative text.

Attitude	Description	Example
Fat-Neutral	*Associated Frames* ☐ HAES ☐ Sociocultural ☐ Biology ☐ Psychology ☐ Meta-frames *Characteristics* ☐ Non-charged language ☐ Recognizes that the extremes of the weight spectrum can cause health issues but that not all forms of fatness are representative of ill health ☐ Differentiation between overweight and obesity ☐ Acknowledgment of problematic language ("obesity" and "overweight"), but may use them when referring to the *medical concepts* ☐ Scare quotes around concepts like 'obesity epidemic' ☐ Unsubstantiated scientific "evidence" called into question ☐ "Obesity" as culturally constructed ☐ Promotion of healthful eating & activity but *without emphasis on weight loss* ☐ Health defined by the individual; manifests differently for different people and not defined solely by weight Acknowledgment of unreliability of BMI as a measure of health	"I attempt in this book to steer a path through the opposing arguments and to offer an analysis of the obesity epidemic that is beholden to no camp. In particular, my position as an obesity sceptic has evolved so that I am now inclined to pose questions about the thinking of people on all sides of the debate, not just alarmists." (Gard, 2011, p. 4) "In this book I shall try not to pretend that there are any simple answers: only to report what is known, and to make some attempt to draw the disparate ideas into some meaningful whole so that readers can have the chance to decide for themselves what might, and what might not work for them personally." (Gilbert, 1989, p. 3) "...we are not anti-science nor are we against the institution of medicine, though we would repudiate obesity discourse as it is currently formulated." (Rich, 2011, p. 8)

Attitude	Description	Example
Fat-Positive	*Associated Frames* ☐ HAES ☐ Fat as Beauty ☐ Fat Rights ☐ Sociocultural ☐ Biology ☐ Psychology ☐ Meta-frames *Characteristics* ☐ Shares many, if not all, of the characteristics of *Fat-Neutral* ☐ Emphasis on body diversity ☐ Positive associations with fatness ☐ Rejection of BMI as a measure of health ☐ Anti-dieting / anti-diet culture ☐ Fat empowerment and liberation ☐ Centering fat voices and perspectives ☐ Rejection of guilt & shame ☐ Social justice orientation ☐ *Note:* Emotionally charged language that expresses anger/frustration with current health paradigms for fat people, while not positive feelings, feature prominently in fat-positive books.	"...larger women must not sit back and allow prejudice to discourage them. They are needed in leadership roles…They are desperately needed as successful role models for young girls in a world that seeks to constrict their ambitions to narrow appearance standards." (Berg, 2000, p. 30) "This is my story, the story of a fat woman…For a fat person, for me, to be whole as I am, I have to come to terms with the body I have—embrace it, inhabit it, cherish it, live fully in it—and do the work of minimizing the negative effects of those complexes." (Fuller, 2017, pp. xiv-xv) "Our belief is that fatness is not a shameful condition." (Bennet & Gurin, 1982, p. xiv)
Indecipherable	*Note*: Reserved for a text such as a memoir, whose tone is difficult to assess.	The introductory chapter to *I'm Not the New Me: A Memoir* has an incredibly sarcastic and somewhat angry tone; however, without reading the entire book for more context, I am not confident enough to assign it a *Fat-Positive* attitude. Even though the author clearly expresses frustration with current paradigms, the first chapter does not present any alternative ways of viewing fatness, and sarcasm is not enough to help me determine whether the author actually agrees with those sentiments or is pushing back against them.

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Appendix C. Excluded Medical Class Numbers

Class Number	Total Correlations	Class Breakdown
RC813	27	Internal medicine—Specialties of internal medicine—Diseases of the digestive system. Gastroenterology—Motility disorders
RG580.O24	2	Gynecology and obstetrics—Obstetrics—Pregnancy—Obstetrical emergencies. Diseases and conditions in pregnancy—Other diseases and conditions in pregnancy, A-Z—Obesity
RA776.5	2	Public aspects of medicine—Public health. Hygiene. Preventive medicine—Personal health and hygiene—General special
RM237.5	2	Therapeutics. Pharmacology—Diet therapy. Clinical nutrition—Raw foods—General works
RM332.3	2	Therapeutics. Pharmacology—Drugs and their actions—Drugs acting on the nervous system. Neuropsychopharmacology—Stimulants. Antidepressants—Appetite depressants
RA625.O23	2	Public aspects of medicine—Public health. Hygiene. Preventive medicine—Disposal of the dead—Burial. Interment—General works
RC455.4.N8	1	Internal medicine—Neurosciences. Biological psychiatry. Neuropsychiatry—Psychiatry—Special aspects of mental illness, A-Z—Nutritional aspects of mental illness and mental health
RJ206	1	Pediatrics—Nutrition and feeding of children—General works
RA778	1	Public aspects of medicine—Public health. Hygiene. Preventive medicine—Personal health and hygiene—Personal health and grooming guides for classes of people—Women
RA781	1	Public aspects of medicine—Public health. Hygiene. Preventive medicine—Personal health and hygiene—Exercise for health—General works